

## Purpose/Disclosure

Developmental Pathways is not Medicaid, and we do not work for Medicaid. We are sharing information and resources with you. This guide is a resource for the individuals who receive support or services with Developmental Pathways and their caregivers/families/providers. It is not meant to replace direct assistance from Health First Colorado and/or The Social Security Administration. You are encouraged to contact them directly with your questions.

Colorado Medicaid is Health First Colorado Medicaid. Medicaid and Health First Colorado will be used interchangeably throughout this guide.

Press Control and F to search using key words.

**Please report broken links.**

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**PART 1: HEALTH FIRST COLORADO**
**Contacts--Department of Human Services by County**

Department of Human Services	Contact Information
<b>Full list of Counties/Department of Human Services</b>	<a href="https://www.colorado.gov/pacific/cdhs/contact-your-county">https://www.colorado.gov/pacific/cdhs/contact-your-county</a>
<b>Adams County</b> 11860 Pecos St. Westminster, CO 80234  *Outside drop box	<b>Phone:</b> 720-523-2000 <b>Fax:</b> 720-523-2158 <b>Web:</b> <a href="http://www.adcogov.org/human-services-center-resources">http://www.adcogov.org/human-services-center-resources</a> <b>Note:</b> This county does not accept documents emailed to them.  <b>Application and Document Submission:</b> Submit by fax, hand-deliver, mail, or place the packet in the outside drop box.
<b>Arapahoe County (2 locations)</b> (1) 14980 E Alameda Dr, #007 Aurora, CO 80012  (2) 1690 W Littleton Blvd, #123 Littleton, CO 80120 *Both office locations have an outside drop box	<b>Phone:</b> 303-636-1170 <b>Fax:</b> 303-734-4301 <b>Email:</b> <a href="mailto:hscsclientrelations@arapahoegov.com">hscsclientrelations@arapahoegov.com</a> <b>Web:</b> <a href="https://arapahoeco.gov/your_county/county_departments/human_services/index.php">https://arapahoeco.gov/your_county/county_departments/human_services/index.php</a>  <b>Application and Document Submission:</b> Submit by fax, hand-deliver, mail, or place the packet in the outside drop box.
<b>Denver County</b> <ul style="list-style-type: none"> <li>• Castro office (primary location): 1200 Federal Blvd, Denver, CO 80204</li> <li>• East office: 3815 Steele St, Denver, CO 80205</li> <li>• Taylor Office: 4685 Peoria St, Denver, CO 80239</li> </ul> *Outside drop box at each location	<b>Phone:</b> 720-944-3666 <b>Fax:</b> 720-944-3094 <b>Email:</b> <a href="mailto:DenverDHS@denvergov.org">DenverDHS@denvergov.org</a> <b>Document submission:</b> <a href="mailto:dhsverifications@denvergov.org">dhsverifications@denvergov.org</a> <b>Web:</b> <a href="http://www.denvergov.org/humanservices">www.denvergov.org/humanservices</a>  <b>Application and Document Submission:</b> Submit by mail, hand-deliver, fax, email, or place the packet in the outside drop box.
<b>Douglas County</b> 4400 Castleton Ct. Castle Rock, CO 80109 *Outside drop box	<b>Phone:</b> 303-688-4825 <b>Fax:</b> 877-285-8988 <b>Web:</b> <a href="https://www.douglas.co.us/">https://www.douglas.co.us/</a> <b>Email:</b> <a href="mailto:Dhs.inbox@douglas.co.us">Dhs.inbox@douglas.co.us</a> (document size limit)  <b>Application and Document Submission:</b> Submit by fax, email, hand-deliver, mail, or place the packet in the outside drop box.
<b>Elbert County</b> 215 Comanche St Kiowa, CO 80117 *outside drop box	<b>Phone:</b> (303) 621-3206 <b>Fax:</b> (303) 621-0122 <b>Email:</b> <a href="mailto:elbert.assistance@state.co.us">elbert.assistance@state.co.us</a>  <b>Application and Document Submission:</b> Submit by fax, email, hand-deliver, mail, or place the packet in the outside drop box.
<b>Jefferson County</b> 900 Jefferson County Pkwy Human Services Building Golden, CO 80401 *Outside drop box	<b>Phone:</b> 303-271-4707 <b>Fax:</b> 303-271-4805  <b>Application and Document Submission:</b> Submit by fax, hand-deliver, mail, or place the packet in the outside drop box.

<b>Colorado Medical Assistance Program (CMAP)/Denver Health</b> (They hold most Medicaid Buy-in cases)	<b>Phone:</b> 1-800-359-1991 <b>Fax:</b> 303-602-7639 or 303-893-1780 <b>Email:</b> <a href="mailto:CMAPbuyin@dhha.org">CMAPbuyin@dhha.org</a> (INDIVIDUALS/FAMILIES) <b>Web:</b> <a href="https://www.denverhealth.org/patients-visitors/billing-insurance/enrollment-services">https://www.denverhealth.org/patients-visitors/billing-insurance/enrollment-services</a>  <b>Application and Document Submission:</b> Submit by fax or email.
<b>Connect for Health Colorado (C4H)</b> *When calling, choose option 2 and then option 2 again, OR ask to speak with someone on the Member Services team.	<b>Phone:</b> 855-752-6749 <b>Fax:</b> 855-346-5175 <b>Email:</b> <a href="mailto:countypartners@c4hco.com">countypartners@c4hco.com</a> <b>Web:</b> <a href="https://connectforhealthco.com/">https://connectforhealthco.com/</a>  <b>Application and Document Submission:</b> Submit by fax or email.

**Other Health First Colorado/Medicaid Information**

Topic	What They Can Help With	Contact Information
<b>Health First Colorado Member Contact Center (MCC)</b>	<ul style="list-style-type: none"> <li>All Medicaid questions</li> <li>Prescription/Medical care issues</li> <li>Request reimbursement for out-of-pocket expenses</li> <li>Remove primary or “other” insurance on record when it has been discontinued.</li> </ul>	<b>Customer Contact Center:</b> <a href="https://www.colorado.gov/hcpf/contact-hcpf">https://www.colorado.gov/hcpf/contact-hcpf</a>  <b>PHONE:</b> 1-800-221-3943 <b>TTY:</b> 1-800-659-2656 <b>FAX:</b> 303-866-4411
<b>Health First Colorado FAQ</b>	Frequently Asked Questions about Medicaid	<b>WEB:</b> <a href="https://www.colorado.gov/pacific/hcpf/member-faq">https://www.colorado.gov/pacific/hcpf/member-faq</a>
<b>Health First Colorado Member benefit videos</b>	Videos to help members learn about program benefits.	<b>WEB:</b> <a href="https://www.healthfirstcolorado.com/videos/">https://www.healthfirstcolorado.com/videos/</a>
<b>Health First Colorado State Plan Covered Services</b>	A list of all benefits covered under the State Medicaid plan.	<b>WEB:</b> <a href="https://www.healthfirstcolorado.com/benefits-services/">https://www.healthfirstcolorado.com/benefits-services/</a>
<b>Health First Colorado Member handbook</b>	<b>Spanish version:</b> <a href="https://www.healthfirstcolorado.com/wp-content/uploads/2020/05/Health-First-Colorado-Member-Handbook-Spanish.pdf">https://www.healthfirstcolorado.com/wp-content/uploads/2020/05/Health-First-Colorado-Member-Handbook-Spanish.pdf</a>	<b>English version:</b> <a href="https://www.healthfirstcolorado.com/wp-content/uploads/2020/05/Health-First-Colorado-Member-Handbook.pdf">https://www.healthfirstcolorado.com/wp-content/uploads/2020/05/Health-First-Colorado-Member-Handbook.pdf</a>
<b>Doctors who participate with Health First Colorado</b>	A search engine to find medical professionals who participate with Health First Colorado Medicaid.	<b>WEB:</b> <a href="https://www.colorado.gov/hcpf/find-doctor">https://www.colorado.gov/hcpf/find-doctor</a> <b>PHONE:</b> 303-839-2120 or 1-888-367-6557

<b>The Colorado Health Insurance Buy-In Program (HIBI)</b>	<ul style="list-style-type: none"> <li>• This program is not to be confused with Health First Colorado Buy-in program.</li> <li>• A premium assistance program for Medicaid recipients.</li> <li>• Monthly payments are given to individuals for all or a portion of the cost of their commercial health insurance premiums, and in some cases, also reimburses for deductibles, coinsurance, and co-pays.</li> </ul>	<p><b>WEB:</b> <a href="http://www.mycohibi.com/">http://www.mycohibi.com/</a></p> <p><b>EMAIL:</b> CustomerService@MyCOHIBI.com</p> <p><b>PHONE:</b> (855) MyCOHIBI or (855) 692-6442</p>
<b>Colorado PEAK Website</b> An online portal where Coloradans can apply for and manage several benefits including food assistance, cash assistance, transportation, and health care.	<ul style="list-style-type: none"> <li>• Apply for benefits</li> <li>• Check application status</li> <li>• Get a copy of a Medicaid card</li> <li>• Check status of Medicaid benefits</li> <li>• Update Medicaid with changes (such as address)</li> <li>• Receive a copy of the yearly Renewal documents</li> <li>• Submit Renewal documents</li> </ul>	<p><b>WEB:</b> <a href="https://peak.my.site.com/peak/s/peak-landing-page?language=en_US">https://peak.my.site.com/peak/s/peak-landing-page?language=en_US</a></p> <ul style="list-style-type: none"> <li>• If you experience <b>technical issues</b> with <b>PEAK</b> or have questions about how to navigate the PEAK site, <b>please contact PEAK customer support</b>. The number and link are available on the PEAK site. <b>They are unable to assist with Medicaid issues.</b></li> <li>• Check out DP’s guide to creating a PEAK account. You can find it on DP’s website. <a href="https://www.dpcolorado.org/resources/tools/">https://www.dpcolorado.org/resources/tools/</a></li> <li>• Colorado PEAK flyer: <a href="https://drive.google.com/file/d/1JPHeytDOAI3GLsqmRc7npJHQQUogRWsq/view">https://drive.google.com/file/d/1JPHeytDOAI3GLsqmRc7npJHQQUogRWsq/view</a></li> </ul>
<b>Health First Colorado Mobile App</b>	A mobile application that members can download to their phones and use to manage their Health First Colorado or CHP+ benefits.	<p><a href="https://www.healthfirstcolorado.com/mobileapp/">https://www.healthfirstcolorado.com/mobileapp/</a></p> <p>The Health First Colorado mobile app is available in the Apple App Store and Google Play Store. Members can download the app directly from the app stores, or by updating their <i>PEAKHealth</i> app. This member-facing app replaces <i>PEAKHealth</i>.</p>
<b>Supplemental Nutrition Assistance Program (SNAP)</b>	The Supplemental Nutrition Assistance Program (SNAP) is a Food Assistance program in Colorado, SNAP provides food assistance benefits as part of a federal nutrition program to help low-income households purchase food.	<p><b>WEB:</b> <a href="https://colorado.gov/pacific/cdhs/supplemental-nutrition-assistance-program-snap">https://colorado.gov/pacific/cdhs/supplemental-nutrition-assistance-program-snap</a></p>
<b>Health First Colorado Enrollment</b>	<ul style="list-style-type: none"> <li>• As a member of Health First Colorado (Colorado's Medicaid Program), you can choose how you get your health care.</li> <li>• Health First Colorado Enrollment is <b>not</b> a resource for information on Medicaid benefits or to find out if you qualify for Medicaid or Child Health Plan <i>Plus</i> (CHP+).</li> </ul>	<p><b>WEB:</b> <a href="https://www.colorado.gov/pacific/hcpf/choose-plan">https://www.colorado.gov/pacific/hcpf/choose-plan</a></p> <p><b>PHONE:</b> 303-839-2120 or 1-888-367-6557</p> <p><b>TTY:</b> 1-888-876-8864</p>

<b>Arbor/ARG</b> Arbor E & T, LLC dba Action Review Group	<ul style="list-style-type: none"> <li>Arbor is contracted by the state of Colorado to review Medicaid Disability applications and make a disability determination. See this <a href="#">section</a> for more information.</li> <li><b>*Do NOT submit disability applications directly to Arbor/ARG.</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Phone:</b> 1-877-265-1864</li> <li><b>Fax:</b> 1-877-672-2077</li> <li><b>Email:</b> <b>Supporting Document Submission:</b> <a href="mailto:ARGcoloradoapps@equusworks.com">ARGcoloradoapps@equusworks.com</a></li> <li><b>For General Inquiries and Status Checks:</b> <a href="mailto:ARGcoloradostatusinquiry@equusworks.com">ARGcoloradostatusinquiry@equusworks.com</a></li> <li><b>Mailing address:</b> P.O. Box 340, Olyphant, PA, 18447</li> </ul>
<b>Provider Billing Issues</b>	<ul style="list-style-type: none"> <li>Website for providers who are experiencing billing issues.</li> </ul>	<ul style="list-style-type: none"> <li><b>Email:</b> <a href="https://hcpf.colorado.gov/provider-help">https://hcpf.colorado.gov/provider-help</a></li> </ul>

### Application Support Resources

<b>Medicaid County DHS</b> -Your county DHS office can provide limited Medicaid application support.	See above for contact information.	
<b>Developmental Pathways web page</b>	<ul style="list-style-type: none"> <li>Links to application guides (include application assistance information)</li> <li>Frequently asked questions</li> <li>Process information</li> <li>Application information (including which ones you may need to complete)</li> <li>Other resources</li> </ul>	<a href="https://www.dpcolo.org/programs-services/applying-for-medicaid/">https://www.dpcolo.org/programs-services/applying-for-medicaid/</a>
<b>Colorado Access-Access Medicaid Enrollment Services, Eligibility Application Partner Site (EAP)</b>  *sometimes referred to as AMES	<ul style="list-style-type: none"> <li>Provide no-cost help with completing and processing medical applications for medical assistance to see if individuals qualify for Health First Colorado (Colorado's Medicaid Program) or the Advance Premium Tax Credit and is certified by the Department of Health Care Policy and Financing.</li> </ul> <p><b>Appointments strongly preferred.</b> Walk-ins are accepted.</p>	<ul style="list-style-type: none"> <li><b>Phone:</b> 303-755-4138</li> <li><b>Fax:</b> 720-744-5227</li> <li><b>Email:</b> <a href="mailto:appassist@accessenrollment.org">appassist@accessenrollment.org</a></li> <li><b>Web:</b> <a href="http://www.accessenrollment.org/ab-out-ames">http://www.accessenrollment.org/ab-out-ames</a></li> <li><b>Mailing address:</b> PO Box 5818, Denver, CO 80217</li> <li><b>Hand deliver/physical address:</b> 11100 E. Bethany Dr. Aurora, CO</li> </ul>
<b>Benefits in Action</b>	<ul style="list-style-type: none"> <li><b>Certified Application Assistance Site (CAAS)</b></li> <li>Services include case management of benefits including health benefits navigation and eligibility, benefits application assistance and</li> </ul>	<ul style="list-style-type: none"> <li><b>Phone:</b> 720-221-8354</li> <li><b>Fax:</b> 303-232-2219</li> <li><b>Email:</b> <a href="mailto:info@benefitsinaction.org">info@benefitsinaction.org</a></li> <li><b>Web:</b> <a href="https://www.benefitsinaction.org/">https://www.benefitsinaction.org/</a></li> <li><b>Physical/Mailing address:</b></li> </ul>

	submission, and follow-up to ensure benefits were received. <ul style="list-style-type: none"> <li>• They can also answer questions about Medicaid Renewals.</li> </ul> By appointment only	12157 W Cedar Dr, Suite 100 Lakewood, CO 80228
<b>Community Economic Defense Project (CEDP)</b>	<ul style="list-style-type: none"> <li>• CEDP’s Benefit Enrollment program may provide assistance for eligible clients applying for public benefits (such as SSI, SSDI, SNAP, AND, OAP, and Medicaid) or appealing a decision.</li> <li>• Additionally, eligible clients can receive support with acquiring, navigating, and setting up cellular devices and broadband services as part of their Digital Equity work.</li> <li>• Check out their website for a full list of the services they provide!</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Phone:</b> 303-838-1200</li> <li>• <b>Web:</b> <a href="https://cedproject.org/">https://cedproject.org/</a> <a href="https://cedproject.org/get-help/">https://cedproject.org/get-help/</a></li> </ul>

### Protect Yourself: Beware of Scammers



(From Health First Colorado) Scammers are targeting Health First Colorado (Colorado’s Medicaid program) and Child Health Plan Plus (CHP+) members.

Health First Colorado and CHP+ will **never** call or text you asking for money, bank account or credit card information, social security numbers or any other financial information.

For more information go to [hfcgo.com/alert](https://hfcgo.com/alert). To report a scam, go to the [Attorney General Consumer Protection Unit](#).


Protéjase: Tenga cuidado con las estafas

Los estafadores se enfocan en los miembros de Health First Colorado (el programa de Medicaid de Colorado) y Child Health Plan Plus (CHP+).

Health First Colorado y CHP+ nunca le pedirán dinero, información sobre cuentas bancarias o tarjetas de crédito, números de Seguro Social o cualquier otra información financiera.

Para obtener más información, visite [hfcgo.com/alert](https://hfcgo.com/alert). Para reportar una estafa, vaya a la Unidad de Protección al Consumidor de la Fiscalía General.

**Keep Your Address and Contact Information Current with Health First Colorado Medicaid**

 **Make sure Health First Colorado (Colorado's Medicaid program) has your current contact information-- phone number, email, residential address, and mailing address.** It is important that you can be contacted if you need to fill out important paperwork. **Don't miss important updates - update your information today.**

**You can update your information in one of these ways:**

- Visit CO.gov/PEAK. If you don't have a PEAK account, you can create one at CO.gov/PEAK.
- Use the Health First Colorado app on your phone. This free app is for Health First Colorado and CHP+ members. Download it for free in the Google Play or Apple App stores.
- CHP+ members can call 800-359-1991 (State Relay: 711). Help is available in multiple languages.
- Contact your [county department of human services](#).

**Communication Tips with Health First Colorado/Medicaid**

- **Contact your local Medicaid office or the main customer service number if you have questions about Medicaid mail, eligibility, or other Medicaid questions.**
  - Ask to speak with a representative from the Long-Term Care team and tell them you are calling about your Medicaid waiver.
  - Some counties/Medicaid have a call-back option so you don't have to sit on hold. You can leave your call back number. Please be advised that when the person from Medicaid calls back, they will only leave a detailed\* message if:
    - a. It is clear on the voicemail who the phone number belongs to.
    - b. The person has given Medicaid permission to leave a message at that number.
- \*If they can verify who the voicemail belongs to, they will leave a general message.

- Explain that the individual is on a **Long-Term Care Medicaid Waiver (LTC)**. You can even name the waiver/program that they are currently enrolled into.
- If the individual has lost LTC Medicaid, tell the LTC specialist that they were on a waiver and you need to know what Medicaid needs from you to get the LTC Medicaid back in place.
- We suggest you keep track of the name(s) of the Medicaid representative(s) you speak to. Our County/Medicaid partners wish to provide the best customer service possible and value feedback. If you have feedback about your experience calling Medicaid or wish to escalate an urgent case to HCPF, fill out this form. <https://hcpfdev.secure.force.com/CountyMemberWebform>
- If you receive a denial notice from Medicaid, we suggest you call the Medicaid office listed on the denial paperwork to speak directly with them about the denial. **You are then encouraged to file an appeal.** Information on how to appeal is in the denial paperwork. See this section for [more information](#).
- **What if the Medicaid representative won't speak to the person helping me?** If an individual is unable to speak with a Medicaid representative and needs to appoint someone else to speak on their behalf, you have a few options to communicate this to Medicaid.
  - You can fill out a Personal Representative form and submit it to Medicaid. You can find it on this page under Authorization Forms. <https://hcpf.colorado.gov/health-insurance-portability-and-accountability-act-privacy-forms>
  - You can write an informal letter to the county stating who has permission to speak on the individual's behalf and have the individual sign the letter. This can then be faxed or emailed to Medicaid.

- When filling out a Medicaid application, you can complete the form and submit it with the application.
- While talking to the call center representative, ask the individual to give verbal permission for the caller (parent, PASA representative, etc) to speak on their behalf.

### Health First Colorado/Medicaid Correspondence

**It is important to timely and carefully review all Medicaid correspondence you receive. If you have questions and/or concerns about Health First Colorado correspondence, please contact Medicaid directly to ask for support.**

There are three options for how you prefer to receive correspondence from Health First Colorado Medicaid.

- Via mail—correspondence is mailed to the mailing address on file for the Medicaid recipient.
- Via Colorado PEAK/PEAK App—an email is sent by the PEAK system alerting the main contact/head of household that there is new correspondence that must be reviewed on Colorado PEAK or by using the App.
- Both-- via mail and via PEAK/PEAK App

You can change your preference at any time in one of the following ways:

- On your Colorado PEAK account
- On the Health First Colorado mobile app
- Call Medicaid
- At your local Department of Human Services office (DHS)

### Common Medicaid Correspondence:

- **Renewal packet-** this must be filled out every year. Please see the [Annual Renewal section](#) of this guide for more information.
- **LTC Medicaid denial letter-** If you receive a denial for LTC for the individual seeking waiver supports, we suggest contacting Medicaid to ask for more information about the denial.
  - You can also explore the appeal process. The appeal process is an opportunity for the individual to retain his/her rights to access services. We do recommend appealing, to “play it safe.” We also suggest you call Medicaid and ask to speak with someone on the LTC Medicaid Team to inquire what is needed to fix your eligibility. If a case is closed for 90 days, a new Medicaid application is needed, which may create a break in services. **We suggest working to fix the issue as soon as possible upon learning about the denial to avoid a disruption to waiver services.** See more information about Medicaid denials [here](#).
- **LTC Medicaid approval letter**—Medicaid will send a letter when you have first been approved for Medicaid. They will also send one after your renewal is completed, assuming everything was approved.
- **Verification request**—Medicaid will send a verification request when they need something from you. Sometimes the information is very specific, while other times it is general. A verification request is often requested around the time of your renewal. See the renewal section for examples of verifications Medicaid might need from you. Example:  
<https://hcpf.colorado.gov/sites/hcpf/files/Sample%20VCL%20-%20English.pdf>  
<https://hcpf.colorado.gov/sites/hcpf/files/Sample%20VCL%20-%20Spanish.pdf>
- **SSI Packet**
  - This is a packet sent to people who were receiving SSI, but their SSI coverage was disrupted. This can be due to going from SSI to getting SSDI or losing SSI for another reason.

- For SSI recipients, Health First Colorado relies on the Social Security Administration to check a person’s resources when they are getting SSI. This is not true for someone getting SSDI.
  - **Completed packets should be returned to Medicaid by the due date** with all financial verifications of income and resources. Failure to do so could result in a loss of Medicaid.
  - If the loss of SSI was temporary, provide proof of re-instatement to Health First Colorado.
- **AIRP (Additional Information Resource Packet) --**
- We advise you to complete the packet and submit it back to Medicaid timely and with current financial verifications. Not doing so may cause a lapse in coverage. **The information you include in the packet is limited to the person on the waiver.**
  - If you have questions about the packet, please contact Medicaid directly.

### What is Health First Colorado/Long Term Care (LTC) Medicaid?

- An individual who is enrolled into any Home and Community Based Service (HCBS) waiver is on a Long-Term Care (LTC) Medicaid waiver. <https://hcpf.colorado.gov/hcbs-waivers>

Adults	Children
<ul style="list-style-type: none"> <li>● <a href="#">Brain Injury Waiver (BI)</a></li> <li>● <a href="#">Community Mental Health Supports Waiver (CMHS)</a></li> <li>● <a href="#">Complementary and Integrative Health Waiver (CIH)</a></li> <li>● <a href="#">Developmental Disabilities Waiver (DD)</a></li> <li>● <a href="#">Elderly, Blind and Disabled Waiver (EBD)</a></li> <li>● <a href="#">Supported Living Services Waiver (SLS)</a></li> </ul>	<ul style="list-style-type: none"> <li>● <a href="#">Children's Extensive Support Waiver (CES)</a></li> <li>● <a href="#">Children's Habilitation Residential Program Waiver (CHRP)</a></li> <li>● <a href="#">Children with Complex Health Needs (CwCHN) Waiver</a></li> </ul>

- For a full list of programs, services, and benefits available through Health First Colorado, please go to: <https://www.healthfirstcolorado.com/benefits-services/>
- For a full list of LTC programs available through Health First Colorado, please go to: <https://www.colorado.gov/hcpf/long-term-services-and-supports-programs>
- An individual on an LTC Medicaid waiver will be able to access all benefits available with Health First Colorado (state Medicaid), as well as the services chosen on the Service Plan to utilize through the waiver.
- If the individual had another type of Medicaid program through Health First Colorado Medicaid prior to their enrollment onto the waiver, they will switch to LTC Medicaid as soon as waiver services begin. This is a switch that we (DP) will notify Medicaid about. You do not need to contact them about this.
- **To get started on applying for Medicaid**, check out this resource on DP’s website! <https://www.dpcolo.org/programs-services/applying-for-medicaid/>

### Financial Requirements for LTC Medicaid

- LTC Medicaid has its own set of financial requirements.
  - **Assets/Resources:** Individuals can’t have more than \$2000 in all accounts combined. That does not include APPROVED [Trusts](#) and [ABLE](#) accounts.
  - **Income:** Monthly income can’t be more than 3 times the [maximum amount of SSI](#) for the particular year. The income limit for [working adults](#) is different.

- If an individual enrolling onto LTC Medicaid waiver or for an individual already enrolled on a waiver, is told they are over assets/resources for LTC Medicaid, they will need to properly shelter and/or spend down excess resources. Medicaid is very particular about how this is done. DP recommends people consult with Medicaid and/or a financial planning expert before moving money around, to ensure it is done correctly.
  - Medicaid looks back five years at a person's financial history.
  - Make sure you are not giving away money, which is seen as a **transfer without consideration** by Medicaid, which can cause a Period of Ineligibility (POI).

- **What is a Period of Ineligibility (POI)?**

A POI occurs when a person disposes of assets/resources in a way that affects their Medicaid. Medicaid looks back 5 years at all income and assets and if they discover assets were disposed of incorrectly, the person is at risk of having a period of ineligibility. Medicaid calls the incorrect distribution of assets a **Transfer without Fair Consideration (TWFC)**. The length of time of the POI is determined by the amount of money that was transferred. The higher the amount, the longer the POI.

- ✓ For new enrollments, the person will not be able to start services until the end of the POI.
- ✓ Individuals already enrolled on a waiver will not be able to access waiver services during a POI.
- ✓ We recommend people [appeal](#) a POI.

### **Disability Requirements of Health First Colorado/Long Term Care (LTC) Medicaid**

To qualify for LTC (waiver) Medicaid, individuals (working or non-working) under the age of 65 and working adults over the age of 65 must meet the **medical** requirement for LTC Medicaid, by meeting the Federal [Social Security Administration's definition of disability](#).

Health First Colorado encourages Medicaid recipients to apply for all government assistance programs they may qualify for, as they always want to be the payer of last resort.

For people hoping to enroll onto an LTC Medicaid waiver, there are three options for getting the disability determination.

**OPTION 1: Apply and be approved for Social Security benefits--** Supplemental Security Insurance (SSI) and some types of Social Security Disability Insurance (SSDI).

- The application process takes about a year, on average, and usually comes with a monetary benefit.
- For applicants under the age of 18, the household's income and assets/resources will be taken into consideration.
- Disability Determination Services (DDS) contracts with The Social Security Administration to review the Social Security application and make a disability determination.
- Submit strong supporting documentation with your application.
- If approved for SSI, you will be auto enrolled into SSI Mandatory Medicaid, skipping the need for a separate Medicaid application (Application for Public Assistance).
- If you decide to apply for Social Security benefits, we suggest you review the Social Security application guide on DP's website. See link below.

**OPTION 2: Complete the Medicaid Disability application.**

- Review time is up to 90 days, so it can be a faster path to the waiver.
- It does NOT come with a monetary benefit and income/assets are NOT taken into consideration.

- Action Review Group (ARG/Arbor) is contracted by the State of Colorado to review the Medicaid Disability application and make a disability determination. If approved, **most disability determinations are good for 7 years. The end date of the approval is known as the disability diary date.**
- Submit strong supporting documentation with your application.
- If a diary date expires and the person is not receiving Social Security benefits with a disability determination, a new Medicaid Disability application may be needed to maintain LTC Medicaid approval.
- This disability determination is different from the one you may have completed with DP’s Intake Team for I/DD services. That looks at Colorado’s disability definition.

**OPTION 3: Apply for Social Security AND complete the Medicaid Disability application.**

- **If no active Medicaid, a Medicaid application may also be needed.**
- The applications are similar, so the information added to one application can also be used on the other application.
- The Arbor approval is usually faster, which means services can be accessed sooner.
- Even though both Arbor and DDS use the same qualifying criteria, sometimes Arbor approves a person and DDS does not.
  - If the individual is approved by Arbor but denied by Social Security, the individual can access services while they appeal the denial from Social Security.
  - If the individual doesn’t have an approval from Arbor and is denied by Social Security, they will not qualify for waiver services.

**Support Guides Available:** Medicaid Disability Application Guide and the Guide to Applying for Social Security Benefits can be found on DP’s website. <https://www.dpcolo.org/programs-services/applying-for-medicaid/> or <https://www.dpcolo.org/resources/tools/>

**Disability application versus the Social Security application.**

Application Completed	Entity	Application Reviewer	Disability definition	Timeframe	Monetary Benefit
Medicaid Disability Application	Health First Colorado Medicaid	Action Review Group (Arbor/ARG)	Definition put out by SSA	Up to 90 days	None
Social Security Application	Social Security Administration	Disability Determination Services (DDS)	Definition put out by SSA	Approximately 1 year	Maximum SSI amount for that year. (Amount awarded is dependent on earned and unearned income, as well as expenses reported.)

**Active in waiver services:** For people active in waiver services that have a dairy date expire or one expiring, or those who have lost their Social Security benefits, may be asked to complete a new Medicaid Disability application.

If Medicaid sends a Medicaid Disability application to you with direction to complete and submit the application, we suggest you do so and return it to the county by the deadline given. Please call Medicaid with questions **about the application.**

## Medicaid Disability application review process:

- Upon receipt of the application, Medicaid will review the application for completeness. If they find that something is missing, they contact the member to notify them. Follow-up should be done timely to ensure the application is complete when it is forwarded to Arbor. This will lessen the likelihood of a denial.
  - Medicaid will forward the application and supporting documents (if submitted) to Arbor or ARG (Action Review Group) who are contracted with the State of Colorado to review Medicaid Disability applications. **Do NOT submit the application directly to Arbor.**
  - **Submit strong supporting documents with the application.** See the guide for examples of supporting documents.
- Once the application has been reviewed, you will receive a decision letter from Arbor. An example of the approval letter is in the Medicaid Disability Application Guide.
  - If you receive a DENIAL letter, review the entire letter to see if it gives the reason(s) for a denial. It could be that the wrong person signed the application, the signature was blank, the person didn't submit strong enough supporting documentation to show a disability, a signed release page wasn't included, Medical proxy or Medical POA paperwork was not included/signed, etc.
    - **APPEAL: You have 65 days from the decision date to appeal a denial from Arbor/ARG.**
    - More information about determinations and appeals can be found in the application guide.
- For people already receiving LTC (waiver) Medicaid, ask Medicaid if the individual's LTC Medicaid can be held open while the application is being reviewed.
- **The full review process can take up to 90 days.**
  - **Tips for a faster review time—**
    - Submit a **COMPLETE application** with all questions answered.
    - Submit **STRONG supporting documentation** with the application. See the guide for more information about supporting documents.
    - **WET SIGNATURES** are required on the application and release pages and must be done in blue or black ink. **Electronic signatures are not accepted.**
      - Adults who are their own legal guardian must sign the application.
      - If the individual has a court-appointed legal guardian, submit guardianship paperwork with the application.

See the Medicaid Disability Application guide for more tips and tricks!

## Frequently asked questions about the Medicaid Disability application

- **Is this the same as the disability determination I completed with the Systems Navigation Intake Team?**
  - No, that was the intellectual and developmental determination (IDD) to see if the person meets Colorado's definition to access IDD services in Colorado. This disability determination uses The Social Security Administration's definition of a disability. The definition is federal and pertains to any type of disability, not limited to IDD.
- **If I submitted the application without supporting documents, can I submit them now?**
  - Yes. There are two ways to **submit documentation**:
    - Directly to [Arbor/ARG](#).
    - To your county of residence/ Medicaid office or the entity helping you with the applications and ask them to forward the supporting documents to Arbor.

Contact information can be found [here](#).

- **Can I request supporting documents from my case manager at DP?**
  - Yes. Your case manager can give you a copy of the 100.2 assessment and Professional Medical Information Page (PMIP), which are great documents to submit to Arbor. Contact your case manager if you need those documents.
- **What if it is taking a long time for the review? Can I contact Arbor to ask for an update?**
  - Yes. We've heard it is better to email Arbor versus calling them. Work closely with Arbor to make sure they get what is needed to properly review your application. Keep in mind it can take 90-days to process your application.
    - Ask them if they received the application from Medicaid.
      - If they did not receive the application from Medicaid, contact Medicaid to ask them to track down the application. You'll need to tell them approximately when and how you submitted it.
    - Ask if the application was completed correctly.
    - Ask if there are any issues that need to be addressed.
      - Common issues with disability applications: the application was signed with electronic signatures, not wet signatures; little or no supporting documents; incomplete information.
  - **Ask if more** supporting documentation is needed, and if so, how you should submit the documents to them.
  - **Be responsive** to mail or phone calls from Medicaid and/or Arbor, should they need anything else from you.
- **How do I escalate the application/file a complaint if it is taking more than 90 days?**
  - Complete this form: <https://hcpfdev.secure.force.com/CountyMemberWebform>
  - Spanish speaking families can provide feedback via phone. The webform is not currently available in Spanish. Member Contact Center (MCC) at 1-800-250-7741, Monday-Friday, 7:30 a.m. to 5:15 p.m.

### Health First Colorado Medicaid Buy-in Programs

- <https://colorado.gov/pacific/hcpf/medicaidbuyinprograms>
- <https://www.colorado.gov/pacific/hcpf/medicaid-buy-program-working-adults-disabilities>
- **SUPER WEBSITE!!!** <https://co.db101.org/--> If you are working and need help figuring out how much you can earn and keep your benefits, check out this website.
- Frequently asked questions information sheets released March of 2025
  - [Working Adults with Disabilities \(WAWD\) Eligibility and Enrollment FAQs](#)
  - [Children Buy-in with Disabilities \(CBWD\) Eligibility and Enrollment FAQs](#)

Premiums are collected for people enrolled in Medicaid Buy-in. See chart below.

#### Timeline of changes:

**February 8, 2025:** letter sent to all members with Health First Colorado Buy-in informing them of the premium restart for all Buy-in members effective May 2025.

**April 23, 2025:** letters will be sent to members with Health First Colorado Buy-in about their upcoming premium pay date.

**May 15, 2025:** first premium payment due.

**Recurring payment:** All previously established automatic/recurring payments set up by members will no longer be active, and members must log in to their PEAK account on or after March 9, 2025, and set up automatic/recurring payments once again. If a member does not already have a PEAK account and they wish to set up automatic or recurring payments, they will need to create an account in PEAK.

**Snippet of Premium Letter:**

**THIS IS A BILL**  
Pay your monthly premium due MAY 15, 2025

You are receiving this letter because these members of your household are enrolled in a Health First Colorado (Colorado's Medicaid Program) Buy-In Program as of APRIL 23, 2025:

- [REDACTED] Working Adults with Disabilities

**What you owe**  
You must pay a monthly premium for your Health First Colorado Buy-In Program coverage and benefits. **You must pay your premium within sixty (60) calendar days of the due date to keep your benefits.**

Month of eligibility	Member	Date due	Last date to pay premium to keep benefits	Premium	Amount paid	Balance due
May 2025	[REDACTED]	May 15, 2025	July 14, 2025 11:59 PM	\$25.00	\$0.00	\$25.00

**[Health First Colorado Buy-in for Children with Disabilities](#)**

The Health First Colorado Buy-In Program for Children with Disabilities lets families of children with a disability who qualify to 'buy-into' Health First Colorado (Colorado's Medicaid Program) for that child. If your child and/or your family earns too much for Health First Colorado or Child Health Plan *Plus* (CHP+) your child may qualify. If your child does qualify, you may pay a monthly premium to be in the program. Medicaid bases your monthly premium on your family's income.

\*A child can't be on both Medicaid Buy-in and waiver.

**MONTHLY PREMIUM:** Individuals enrolled in Child Buy-in need to pay a monthly premium, which is based on monthly income. Each month, the individual has 60 days to pay the Buy-In premium before being considered at fault for non-payment. **When a person misses three consecutive months of Buy-in premium payments, their case will be closed.** When this happens, you MUST re-apply for Medicaid to get it back in place if coverage is needed.

**[Health First Colorado Buy-in Program for Working Adults with Disabilities \(WAWD\)](#)**

WAWD, or Medicaid Buy-In, is a **category of Medicaid assistance for adults with disabilities who work and are over income for other Medicaid assistance programs.** It allows adults to *buy in* to Medicaid by paying a monthly premium, based on a sliding scale and regular Medicaid benefits. Individuals MUST be currently employed to qualify for WAWD. This employment can be self-employment.

All adult waivers partner with WAWD. Meaning, you can be on any of the below adult waivers and be enrolled in Medicaid Buy-in simultaneously.

- [Brain Injury Waiver \(BI\)](#)
- [Community Mental Health Supports Waiver \(CMHS\)](#)
- [Complementary and Integrative Health Waiver \(CIH\)](#)
- [Developmental Disabilities Waiver \(DD\)](#)
- [Elderly, Blind and Disabled Waiver \(EBD\)](#)

- [Supported Living Services Waiver \(SLS\)](#)

Having Medicaid Buy-in with a waiver allows a person to be under the Buy-in Program income/asset rules rather than the LTC Medicaid rules.

- **RESOURCE/ASSETS:** LTC Medicaid has an asset limit of \$2000 for individuals and \$3000 for couples; WAWD **does not have an asset limit**, meaning they do not care how much money you have saved.
- **INCOME:** LTC Medicaid has an income limit of 3x the current maximum payment for SSI; WAWD **has a much higher income limit. See the chart below.**
- **MONTHLY PREMIUM:** Individuals enrolled in WAWD need to pay a monthly premium, which is based on monthly income. Each month, the individual has 60 days to pay the Buy-In premium before being considered at fault for non-payment. **When a person misses three consecutive months of Buy-in premium payments, their case will be closed. When this happens, you MUST re-apply for Medicaid to get it back in place.** You will not be able to ask for retro coverage, so re-applying immediately is suggested.
- For qualifying working adults ages 16 and up with a disability to "buy-into" Health First Colorado (Colorado's Medicaid Program). The monthly premium is based on your gross monthly earned and unearned income after any applicable disregards.
  - A complicated formula is used. Consult with Medicaid if you have questions about your premium.
- **Working adults enrolled on an adult waiver are auto-enrolled onto Buy-in with the waiver.**
  - Individuals should receive a letter from Health First Colorado Medicaid explaining that they have been enrolled onto the Buy-in program, with information about how to opt-out of this program, if it isn't wanted/needed.
- Resources/Assets are not reviewed for Buy-in eligibility. However, **any trust a person is connected to must be submitted to Medicaid and HCPF for review.** Although Buy-in Medicaid does not have an asset/resource limit, there is an income limit, and distributions from a trust are seen as income.

### 2025 Income Chart and Premium Guide

Monthly Income After Income Adjustments					
Federal Poverty Level (FPL)	0% - 40%	41% - 133%	134% - 200%	201% - 300%	301% - 450%
Family Size: 1	\$0 - \$522	\$523 - \$1,735	\$1,736 - \$2,609	\$2,610 - \$3,913	\$3,914 - \$5,869
Monthly Premium	\$0	\$25	\$90	\$130	\$200

This chart is based on 2025 Federal Poverty Level (FPL) guidelines.

## Additional Information

### Acronyms

- CMAP: Colorado Medical Assistance Program (They manage the Medicaid Buy-in programs)
- HCBS: Home and Community Based Services
- HCPF: Health Care Policy and Financing
- LTC: Long-Term Care Medicaid
- MA: Medical Assistance
- SSA: Social Security Administration

- SSDI: Social Security Disability Insurance
- SSI: Supplemental Security Income
- WAwD: Working Adults with Disabilities Buy-in Program

### Contacts

- Direct number for Health First Colorado Working Adults and Children with Disabilities Buy-In Programs: **1-800-711-6994**  
More contact information can be found [here](#).
- Email of contact at Health Care Policy and Financing (HCPF): [sharla.williams@state.co.us](mailto:sharla.williams@state.co.us)
- CMAP- Colorado Medical Assistance Program: 1-800-359-1991

### Comparison: LTC Medicaid vs. LTC Medicaid + WAwD

	LTC Medicaid	Working Adults with Disability Medicaid Buy-in with Waivers
<b>Asset/ Resource limit</b>	\$2000 individual; \$3000 couple	No limit for Buy-in, but must meet the limit for SSI
<b>Monthly Income limit</b>	3x the <a href="#">current maximum SSI payout</a> for the year <ul style="list-style-type: none"> <li>➤ If income exceeds the LTC limit, you may be asked to complete an Income Trust. An income trust shelters excess income and the money is repaid to Health First Colorado Medicaid.</li> </ul>	Cannot exceed 450% of the federal poverty level (see chart above)
<b><a href="#">Substantial Gainful Activity (SGA) limit with Social Security (If getting benefits)</a></b>	Set each year by Social Security.	Set each year by Social Security.
<b>Covered benefits</b>	Regular Health First Colorado Medicaid benefits are provided (state plan benefits)	Regular Health First Colorado Medicaid benefits are provided (state plan benefits)
<b>Disability Requirement</b>	Must have a qualifying disability (as outlined by the Social Security Administration)	Must have a qualifying disability (as outlined by the Social Security Administration)
<b>Household</b>	Only the individual getting waiver supports	Only the individual getting waiver supports/on the Buy-in program
<b>Monthly fee</b>	None	See above chart (based on income)
<b>Trust</b>	Must be approved by the state	Must be approved by the state
<b>Work/Employment</b>	Employment is optional	Must be employed <ul style="list-style-type: none"> <li>• Can be self-employed</li> <li>• No minimum hours or amount of money earned needed</li> </ul>

## Opting out of WAWD- Working Adults with Disability Medicaid Buy-in

You can opt out of Medicaid Buy-in if you do not want to be in the program.

### Before you opt out and disenroll...

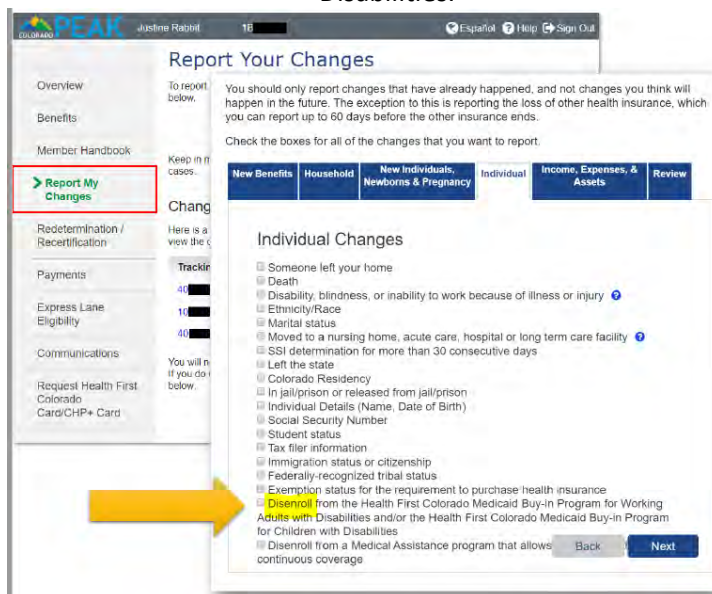
- We strongly suggest you speak to a Health First Colorado Medicaid representative, a Benefits Planner, and/or a disability financial planning expert to fully understand the consequences of disenrolling, and to ensure you will qualify financially for LTC Medicaid without Buy-in.

Resource: <https://co.db101.org/>

- If you opt out of Medicaid Buy-in and your income is over the LTC Medicaid limit, then you will likely not qualify for LTC Medicaid without Medicaid Buy-in. This will cause your waiver to close out, unless you complete an [Income Trust](#) and give the excess income to Medicaid.
- If you opt out of Medicaid Buy-in and your assets/resources are over the LTC Medicaid limit, then you will not qualify for LTC Medicaid without Medicaid Buy-in unless you shelter your excess resources. See this section for more information about [sheltering resources](#).
  - Medicaid looks back 5 years, so it is important that you dispose of/shelter resource appropriately.

### Opt Out Options: You can do one of the following—

- Contact CMAP to inform them that you would like to opt out of the WAWD program.
- Call the Buy-In Eligibility vendor at 1-800-711-6994 and ask to opt out.
- You can log onto your PEAK account (create an account if you don't have one) and opt out by reporting a change. [https://peak.my.site.com/peak/s/peak-landing-page?language=en\\_US](https://peak.my.site.com/peak/s/peak-landing-page?language=en_US)
  - Navigate to the “Report My Changes” screen
  - Click on “Individual Changes”
  - Check “Disenroll from the Health First Colorado Medicaid Buy-in Program for Working Adults with Disabilities and/or Health First Colorado Medicaid Buy-in Program for Children with Disabilities.”



The screenshot shows the 'Report Your Changes' page on the PEAK website. The left sidebar has a red box around the 'Report My Changes' link. The main content area shows a list of change categories: New Benefits, Household, New Individuals, Newborns & Pregnancy, Individual, Income, Expenses, & Assets, and Review. The 'Individual' category is selected, showing a list of individual changes. The option 'Disenroll from the Health First Colorado Medicaid Buy-in Program for Working Adults with Disabilities and/or the Health First Colorado Medicaid Buy-in Program for Children with Disabilities' is checked with a radio button. A yellow arrow points to this option.

- To disenroll, go through Report My Changes
- “Individual Changes”

**\*AGAIN—we suggest you speak to an expert before opting out, to prevent a loss of LTC Medicaid.**

## Medicaid Buy-in Program with Waivers and Social Security requirements

Individuals with Medicaid Buy-in for waivers still must meet the Social Security Administration's (SSA) definition of disability.

- Individuals getting SSI cannot earn more each month than Substantial Gainful Activity (SGA). See the chart above.
  - The Social Security Administration calculates income differently than Medicaid. While Medicaid considers all earned and unearned money the individual receives each month as "income", SSA only considers *earned* income when determining if the individual has surpassed their SGA limit.
- Individuals getting SSI must meet the asset/resource requirement set by SSA, which is \$2000 for an individual and \$3000 for a couple.

## Frequently Asked Questions about Health First Colorado Medicaid Buy-in

- **Is the Buy-in fee affordable?**
  - The premium fee charged is based on a sliding scale of income and is designed to be as affordable as possible. The formula used to determine a person's premium is complicated.
  - Individuals not currently on an LTC waiver that need assistance with the premium might be able to access Unmet Needs. Financial support would cease upon enrollment onto a waiver.
- **Why does HCPF auto enroll working adults onto the program?**
  - It avoids people bouncing on and off programs due to excess income and/or resources.
  - It avoids the need for an Income Trust if the person exceeds LTC Medicaid income limits.
- **I received a bill for Health First Colorado/Medicaid Buy-in. Why did I get this and what should I do with it?**
  - Call the contact listed on the Buy-in paperwork if you have questions about this program and why you received a bill.
- **I need to request reimbursement for payments I made for Medicaid Buy-in after the individual was approved for LTC Medicaid. Who should I contact?**
  - **First** reach out to the Colorado Medical Assistance Program (CMAP) to see if they can assist you. If you still need help, you can contact your case manager with Developmental Pathways, who will then have a member of the Benefits team contact the Colorado Medical Assistance Program on your behalf.
  - **Contact Information:** Parent/Individual phone line: 800-359-1991; email: [CMAPbuyin@dhha.org](mailto:CMAPbuyin@dhha.org)  
\*\*Be prepared to provide the name, Medicaid ID or Case #, and the individual's social security number when you call. Emails can be sent encrypted, for privacy purposes.
- **If I chose to opt-out, but change my mind later and want to enroll onto WAwD Buy-in Program, will I have that option?**
  - Yes! You have the option to ask Health First Colorado to retro the Buy-in Program back three months. Premiums will NOT be charged for retro months.
- **Who should I contact if I have questions about my auto-enrollment?**
  - Contact CMAP with questions. Confirm that the person is on both the Buy-in program and LTC Medicaid waiver. **1-800-359-1991**

- WAwD is managed by CMAP—Colorado Medical Assistance Program. Once a person has WAwD or Child Buy-in, their Medicaid case is “housed” with CMAP instead of their county of residence, where historically most LTC Medicaid cases are housed.
- **If I am getting food assistance through Health First Colorado Medicaid, does CMAP also manage that program?**
  - No, if you are getting food assistance or financial assistance from Health First Colorado, that portion of your case will be managed by the county DHS office where you reside.
- **I am part of the HIBI program (Health Insurance Buy-in Program) and receive financial assistance with my private health insurance premiums. Will that be affected if I am enrolled onto the WAwD program?**
  - Yes, that would be affected, as you can’t have both Buy-in Medicaid and HIBI. For more information, contact the HIBI program administrators. <https://www.mycohibi.com/> or (855) MyCOHIBI or (855) 692-6442
- **How often do I need to report my income?**
  - Employment changes while on WAwD must be reported to CMAP **within 10 business days**.
  - Ongoing income is reported with the yearly Medicaid Renewal.
- **What happens if I stop working while on WAwD?**
  - **You will have 30 days to find new employment**, otherwise you will no longer qualify for WAwD and will be moved to just LTC Medicaid, assuming you meet the financial requirements of LTC Medicaid.
  - If you don’t meet the financial requirements for LTC Medicaid, you may lose Medicaid and all services completely.
  - Moving to just LTC Medicaid could be complicated if a person is over the income/assets and/or resource limit for LTC Medicaid (if employment ends.)
    - **Example:** Individual has a 401k, which puts them over the asset limit of \$2000 for LTC Medicaid. Since you work, you have been accessing Medicaid Buy-in with Waivers. If you lose your job and are unable to find a new one within 30 days, because of a 401k, you likely won’t qualify for LTC Medicaid. You would be at risk of losing Medicaid entirely and be ineligible for the adult waiver.
      - If the person has Medicare or private health insurance, they will continue to get health benefits through Medicare and/or the private health insurance plan.
- **Can I be self-employed?**
  - Yes, individuals have the option to be self-employed. This means that earning money for odd jobs such as lawn mowing, babysitting, yard work, etc. counts as employment in the eyes of Medicaid.
  - If self-employed, you will need to keep a ledger of all work expenses, dates worked, and money earned.
- **If I opt out of the WAwD program and then go over the income limit for LTC Medicaid, what are my options?**
  - You will be asked to complete an Income Trust and give Medicaid the money that you earned above and beyond the LTC Medicaid income limit.  
-OR-
  - You can reach out to the county/entity that holds your Medicaid and ask to be put back on WAwD with your waiver.
    - **Be specific and ask them to retro date the WAwD back 90 days.**
    - They may ask for additional financial information to make sure that you qualified for WAwD and HCBS LTC Medicaid during those 90 days.

- **DISCLAIMER:** This may not cover the whole time you were over income and there is a possibility Medicaid may ask for an [Income Trust](#).

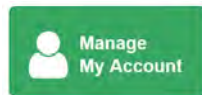
➤ **What are the options for paying my premium payments?**

Bills for the monthly premium **must be paid by the due date** for the Medicaid coverage to continue. Failure to pay may result in a loss of Medicaid.

- **Mobile App:** Make payments through the Health First Colorado mobile app, which is available in the Apple App Store and Google Play Store. Members can download the app directly from the app stores, or by updating your current PEAKHealth app. This member-facing app replaces PEAKHealth.

- **Online through PEAK:** <https://coloradopeak.secure.force.com/>

- Click on “Manage my Account”



- Click on “payments” to see what you owe and to make a payment.

- **Check or money order.** See your Premium bill for more detailed information about how to make payments.

➤ **Who should I contact if I have billing questions?**

- Health First Colorado Buy-in Program customer service: **1-800-711-6994** (State Relay 711)

➤ **Can I be approved for WAWD Medicaid Buy-in if I have a Special Needs Trust that has NOT been approved by Health Care Policy and Financing (HCPF)?**

- No! WAWD does not have any resource/asset limits, BUT, distributions from the trust can be seen as income, so HCPF must review any trust you are connected to, prior to WAWD approval, just like LTC Medicaid.

## Other Resources

### Colorado Disability Benefits 101 (CO DB101)

The Colorado Office of Employment First (COEF) is proud to announce Colorado’s newest employment resource, [Colorado Disability Benefits 101 \(CO DB101\)](#). This online tool is available 24 hours a day, 7 days a week to Coloradans with disabilities to address the fear of losing benefits by investigating the questions a career seeker has around “What happens to my benefits when I work?” CO DB101 is aimed to support individuals with disabilities in exploring career options and increasing financial independence.

[View more about CO DB101](#)

[View Supported Employment Page-](#)

Link: <https://co.db101.org/>

**Please contact Social Security or a Benefits Planner to discuss what work subsidies you may qualify for.**

### Ticket to Work Program

Ticket to Work is a free and voluntary program available to people ages 18 through 64 who are blind or have a disability and who receive Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits.

Some benefits of this program:

- Subsidies that allow the SSA (Social Security Administration) to **count earned income** differently. Employers complete **form 725** (not available online) to detail the assistance that the individual needs on the job and any work-related expenses.
- The individual receiving Social Security benefits will be exempt from the medical review done by DDS (Disability Determination Services) that occurs every 3/5/7 years. For individuals on the Ticket to Work program, DDS will assume that after the initial DDS decision, the person will remain disabled and won't need to be screened again.
- Job coaching; employment services; employment network funded by SSA

Ticket to Work Help Line at (866) 968-7842 (Voice) or (866) 833-2967 (TTY).

Website: [www.ssa.gov/work](http://www.ssa.gov/work)

People can also sign up for Ticket to Work with Ability Connection Colorado. See below for contact information.

### Social Security and Work Subsidy resources

1. [FORM 725](#)

2. [SUBSIDY QUESTIONNAIRE](#)

3. [Social Security Red Book—SSDI and SSI Employment Supports](#)

<https://www.ssa.gov/redbook/eng/ssdi-and-ssi-employments-supports.htm>

4. [Social Security Publications](#)

- [Resources for Work Equals Success for Me!](#)
- [What You Need to Know About Earning Money and Supplemental Security Income \(SSI\)](#)
- [What Resources and Services are Available to Help You Earn Money?](#)

Find more information publications here: <https://www.ssa.gov/pubs/>



**Bottom line:** We recommend that all individuals receiving waiver supports discuss subsidy paperwork with their job coach and employer. The subsidy paperwork must then be submitted to The Social Security Administration.

### Social Security Work Incentive planning and Assistance (WIPA):

WIPA is offered through **Ability Connection Colorado**. The WIPA program is a community-based organization that receives funding from Social Security to provide all Social Security Disability Income (SSDI) and Supplemental Security Income (SSI) disability beneficiaries (including transition-to-work aged youth) with FREE access to work incentive planning and assistance. **Ability Connection Colorado is the only nonprofit approved to provide benefit counseling services through the Social Security Administration program.**

Certified Community Work Incentives Coordinators (CWIC) under the grant with the Social Security Administration must undergo high level security screening and training to provide and protect important beneficiary information. This information is provided FREE OF CHARGE.

**For more detailed information and for a list of CWIC representatives, check out:**

<http://www.abilityconnectioncolorado.org/programs/employment/social-security-work-incentive-planning/>

<https://www.abilityconnectioncolorado.org/>

Phone: 303.691.9339 Fax: 303.691.0846

[info@abilityconnectioncolorado.org](mailto:info@abilityconnectioncolorado.org)

**Annual Renewal (Redetermination) for Health First Colorado/LTC Medicaid**

**Renewal packet** - Prepopulated forms sent to a member to see if anything has changed and request necessary verification to determine whether a member continues to be eligible to receive Medical Assistance. Also referred to as a Redetermination or RRR. Medicaid must check eligibility each year to see if the member still meets the requirements.

**Renewal Support:**

See the **Medicaid Renewal Support Sites document** on our <https://www.dpcolo.org/resources/tools/#medicaid> on DP's website. Members outside of Arapahoe County can get assistance from the agencies listed on the Renewal Report Sites document.

**Resources from Colorado Medicaid and Health Care Policy and Financing:**

<https://www.healthfirstcolorado.com/renewals/>

Medical Assistance Renewal FAQ

<https://hcpf.colorado.gov/eligibility-resources>

<https://www.healthfirstcolorado.com/es/renovaciones/>

<https://www.healthfirstcolorado.com/glossary/como-averiguo-mi-fecha-de-vencimiento-de-renovacion/>

**Example Renewal Packets:**

<https://hcpf.colorado.gov/sites/hcpf/files/Renewal%20Non-MAGI%20Packet%20in%20English.pdf>

<https://hcpf.colorado.gov/sites/hcpf/files/Renewal%20Non-MAGI%20packet%20in%20Spanish.pdf>

**Renewal Videos from Health Care Policy and Financing and Colorado Access:**

**English:** [https://www.youtube.com/watch?v=xocjSvvWYPw&list=PLFIKrQC\\_PrCGEuVySAIzoUNN23ihtKrD4&index=3](https://www.youtube.com/watch?v=xocjSvvWYPw&list=PLFIKrQC_PrCGEuVySAIzoUNN23ihtKrD4&index=3)

**Spanish:** [https://www.youtube.com/watch?v=LSjEYLYCYAE&list=PLFIKrQC\\_PrCGEuVySAIzoUNN23ihtKrD4&index=4](https://www.youtube.com/watch?v=LSjEYLYCYAE&list=PLFIKrQC_PrCGEuVySAIzoUNN23ihtKrD4&index=4)

<https://www.youtube.com/@coloradoaccess/videos>

**IF YOU HAVE SPECIFIC QUESTIONS ABOUT YOUR Renewal/Redetermination, please reach out to Medicaid.**

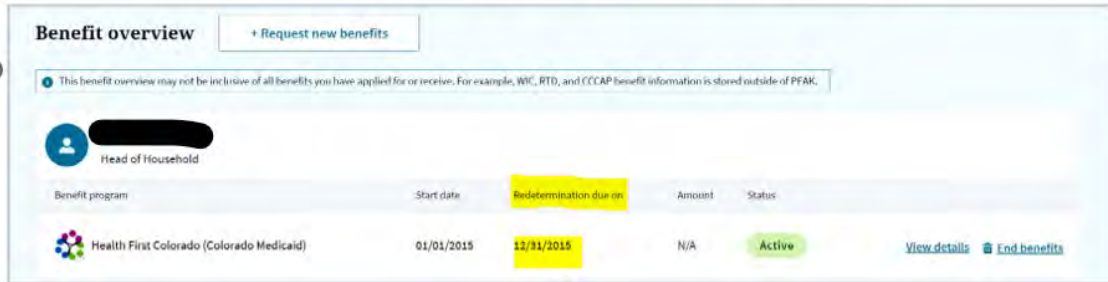
**Renewal and Redetermination are used interchangeably.**

**Find Your Renewal Date in PEAK**

- Check out DP's guide to creating a PEAK account. You can find it on DP's website.  
<https://www.dpcolo.org/resources/tools/>
- Log onto the PEAK site and scroll to the "Benefits Overview" page to view your renewal/redetermination month.

## Learn when you are up for renewal

From the dashboard, scroll down the page to the **Benefit overview**. You'll see each member associated with the case and their renewal (redetermination) date.



Benefit program	Start date	Redetermination due on	Amount	Status
Health First Colorado (Colorado Medicaid)	01/01/2015	12/31/2015	N/A	Active

From the main navigation bar, choose **Manage my benefits > Overview of health coverage benefits**. Member renewal dates are listed in the right column.



Individual(s)	Status	Program(s)	Monthly premium	Renewal due date
Lotsa (29 yrs)	Active	Health First Colorado (Colorado Medicaid)	N/A	12/31/2015

You can also find your Renewal date in the Health First Colorado App!  
60 days before renewal +  
new tile showing renewal date



## Renewal/Redetermination Process

- Medicaid must review a person's financial eligibility yearly.
  - **Step 1:** Medicaid will review all information they have on file that you previously submitted. If you get any other type of financial benefit, like SNAP, Adult Financial, etc, they will check what information was submitted for those programs. If you work, they will check your work income with the Department of Labor. If you get Social Security benefits, they will verify that information with Social Security. This is called the Ex Parte process.
    - If they can determine eligibility and don't require anything from you, you should receive a Notice of Action (NOA) from Medicaid, showing approval and you will NOT get a Renewal/Redetermination packet.

- If they are not able to determine eligibility and need more information, you will receive a Renewal/Redetermination packet and verification request about two months prior to your Renewal/Redetermination month. This may come by mail and/or via Colorado PEAK, if you have signed up for electronic communication.
- **Step 2: If you receive a Renewal/Redetermination packet, **THREE things must happen.****
  - You must **return the packet to Medicaid by the due date.** Check the appropriate box indicating if you have changes to report. If you have changes to report, fill in the information.
  - The **packet MUST be signed** by the head of household. If you are an adult in waiver services and your own legal guardian, you or your authorized representative can sign the packet. Electronic signatures are acceptable, if completed on Colorado PEAK. You may be able to give a verbal signature on the phone with a Medicaid representative.
  - **Financial documents must be submitted** if you receive a Verification Request. It should detail what is needed. See below for a list of possible documents. Medicaid prefers you submit your financial documents **WITH** your Renewal packet.
    - Once all paperwork has been submitted, you should receive a Notice of Action (NOA) from Medicaid showing either an approval or denial.
- **Step 3:** If Medicaid does not receive all that is needed for the Renewal/Redetermination by the end of the month it is due, Medicaid will send a Notice of Action (NOA) to you detailing the denial and when Benefits will end. You will be given a deadline to submit what is needed for continued coverage.

**If you receive a denial or have other questions about your Renewal/Redetermination, please call Medicaid directly with your questions and ask to speak with someone on the LTC Medicaid Team.**

- All Medicaid mail will be sent to the individual's home address and/or to the designated mailing address on file or emailed via Colorado PEAK. You can check both your residential and mailing address on file with Health First Colorado by logging onto your PEAK account or by calling Medicaid.

### **Verifications/Financials**

- Medicaid may ask to see a current statement for ALL accounts the LTC Medicaid recipient is attached to, including joint accounts and representative payee accounts.
  - **Examples of verifications include,** but are not limited to:
    - Full trust, if not previously submitted
    - Current trust account statement
    - Current bank account statement for all open accounts (including joint accounts) that the Medicaid recipient is connected to
    - Current Direct Express statement or ATM receipt showing current balance
    - Proof of a closed bank account (if closed within the last year)
    - Life Insurance Policy statement showing the current cash value
    - Statement showing the current value of stocks and/or bonds
    - Personal Needs Account (PNA) statement through a residential agency
    - Current ABLE account statement
    - Current 529 college savings account statement
    - Marriage license (if newly married)
    - Pay stub/statements for all current jobs, showing GROSS amount earned
    - Notification of the end date of employment, if not previously reported to Medicaid

- Important reminders about **bank/financial statements** submitted to Medicaid:
  - **ALL pages of the statement** should be submitted to Medicaid, even if they seem irrelevant.
  - It must be clear on the statement what the **account number** is and who the **account holder(s)** is/are.
  - If the individual's SSI or SSDI is deposited into an account that Medicaid recipient's name is NOT on, then the county may ask to see a copy of that statement, to see where the Social Security money is going.
  - If the individual's account shows a direct transfer to another account over \$500, then the county may ask to see a statement for the other account and ask for an explanation of what the money was for.
  - Always consult with Medicaid if you plan to move money around, so as not to create a Period of Ineligibility (POI).

### **Document Submission**

- **Medicaid renewals/re-determinations can be returned to the county in ONE of the following ways:**
  - In person at Medicaid or mailed to Medicaid—It is suggested that you ask for a receipt and make a copy of the paperwork before it is submitted. Address the packet to the LTC Medicaid Team.
  - Via the **Colorado PEAK site or PEAK app on your phone.**
  - **Faxed** to the county's/Medicaid LTC Medicaid team, if that county accepts fax. See the county contacts section for more information. Be sure to include the individual's Medicaid ID #, full name, and contact information on the cover sheet.

### **Renewal Packet Updates from Medicaid**

- Members will only see information for members of their household with Health First Colorado or CHP+ coverage, so there are no extra blank spaces and fewer pages.
- Fewer pages for members to fill out with their financial information.
- If they need to add more information, there's a blank page at the end of the packet.
- Additional emphasis to sign the renewal packet.
- A color Colorado State seal has been added to the renewal packet envelope window to help prevent it from being mistaken for junk mail.

### **Frequently Asked Questions about the Renewal Process**

- **I am completing my annual Renewal/Redetermination and want to know whose information should be included.**

When completing the Renewal/Redetermination for a person on an LTC Medicaid waiver, you only need to include that person's income and asset information.

Medicaid may ask for additional financial information if they see that the person's Social Security benefits are directly deposited into an account without their name on it and/or if they see large direct transfers to or from the Medicaid applicant's bank account.

- **I am completing my annual Renewal/Redetermination and am confused why my parents (and siblings) are listed on the paperwork, as they are not getting Medicaid.**

You may see the names of other members of the household on the Renewal/Redetermination paperwork with a notation that they are not receiving benefits. That is because when the original Medicaid application was completed, all members of the household should have been listed on the application. For those not seeking Medicaid coverage, you probably checked a box to indicate that. However, they are forever tied to your case. As long as the paperwork

continues to say that they are not getting benefits, you shouldn't need to worry. If concerned, please contact Medicaid directly to confirm this.

➤ **Multiple members of the household have some type of Medicaid. Will we get a separate Renewal packet for each person?**

No. You will likely receive one packet with everyone listed. Complete the packet with each person's information.

➤ **If I signed up to get Medicaid mail sent to me through USPS, can I still find my Renewal packet on [PEAK](#)?**

Yes! The Renewal packet will be available on Colorado PEAK and the PEAK phone app about two months before it is due. You can also change your preference for how you want to receive documents on PEAK.

➤ **I am not sure what my Renewal month is with Medicaid. How can I research this?**

You can view your Renewal month (previously called a Redetermination) on your Colorado PEAK account or by using the App. [See above](#). If you need more assistance, please contact Medicaid directly.

➤ **Can I complete my Renewal on PEAK?**

Your Renewal/Redetermination is available to complete on PEAK 60 days before your Renewal due date. Sign in to your PEAK account and click on Redetermination/Recertification on the left side of the page. Due dates, requirements, and steps to submit your Renewal will be available. The Redetermination/Recertification menu will only be visible if you have a Renewal due. You can electronically sign your Renewal packet on PEAK or upload the signature page from your paper Renewal packet.

➤ **Who can I call to get help with my Renewal packet?**

\*The county/entity that holds your Medicaid. Contact information can be found [here](#).

\*Additional resources can be found in the Medicaid Renewal Support document on DP's website-

<https://www.dpcolo.org/resources/tools/#medicaid>. You do not need to live in Arapahoe County to get support from one of the agencies listed in the document.

➤ **I was told I need to re-apply for Medicaid. Is there anyone who can help me with the application?**

**\*If you were told you need to re-apply because you recently lost Medicaid, you should not have to re-apply for Medicaid UNLESS your Medicaid has been closed for more than 90 days.**

**Check out DP's Medicaid Application web page!** Agencies who can support with the application process are noted on the website and in the application guides.

<https://www.dpcolo.org/programs-services/applying-for-medicaid/>

\*Contact your case manager at DP if you need a printed copy of the Medicaid Application Support Guide.

\*You can contact the county/entity that closed your Medicaid to ask them questions about the application.

\*Application support sites can be found here: <https://www.dpcolo.org/programs-services/applying-for-medicaid/>

➤ **I was told that Medicaid needs a Level of Care. What is that?**

The Level of Care is also known as the cert, LOC, or the ULTC 100.2 cert page. This is a document that DP previously submitted each year to the county/entity holding your Medicaid, to show that you are still accessing waiver services and meet the functional criteria for the waiver. This process shifted in early 2024 and we no longer submit a separate form to Medicaid. The Case Manager completes the 100.2 assessment through the CCM (Care & Case Management System) and the information is sent to Medicaid electronically. If you have a question about when the information was sent through the system, please contact your case manager.

➤ **What should I do if I did not get my Renewal packet in the mail?**

Log into your PEAK account (or create an account if you don't have one) and complete it on there. You can also call Medicaid and ask them to send a packet to you. You can change how you wish to get Medicaid correspondence at any time by using PEAK or the mobile PEAK app.

- Renewal FAQs on Colorado PEAK- [https://peak.my.site.com/peak/s/FAQs?language=en\\_US](https://peak.my.site.com/peak/s/FAQs?language=en_US)

### Medicaid Eligibility Denial and Appeal Information

\*\*\*Please contact Medicaid directly with questions about a denial and/or the appeal process.

\*This is not the same as the Notice of Action you get from Developmental Pathways.

#### Working with Medicaid to Resolve an Issue

- If you receive a letter from Medicaid that indicates you were denied coverage and you have questions, your first step is to **Call Medicaid**. It is important that your case is reinstated without a lapse so all your providers can get reimbursed for services already provided. That includes DP.
- Ask to speak with an LTC Medicaid team member. You may have to wait for a return call.
  - Ask what caused the denial and if they need something from you to get your LTC Medicaid back in place without a lapse, or to prevent a lapse.
  - If financials and other documents are needed, ask how you should submit the documents to their LTC team.
  - If you previously submitted the documents, tell them when and how they were submitted, so they can track them down.
  - If Medicaid says they need the 100.2 LOC (also called the Level of Care or cert page) contact your DP case manager to let them know. This is a document sent electronically from our system to Medicaid's system, but it doesn't always sync correctly.
- You can also **check your case on Colorado PEAK** to see if there is information about the denial and if Medicaid needs something from you.
- **Review recent Medicaid correspondence timely.**
- **APPEAL a denial.** See below for detailed information.
- If you plan to appeal, verbally state your intention to appeal when you call Medicaid for help.
- **Working to "fix" an eligibility issue is time sensitive.** Once a person has been termed for 90 days from Medicaid, they must re-apply to get Medicaid again. **You should NOT be asked to complete a new application if you haven't been termed for 90 days.**
- If you are asked to re-apply for Medicaid, we suggest you utilize our Medicaid application guide while you fill out the application. You can find it here: <https://www.dpcolo.org/programs-services/applying-for-medicaid/>
  - To prevent a lapse in coverage and denials for providers, **ask Medicaid to RETRO the start/approval date back 90 days**, when you submit your new application.
  - Submit current [verifications](#) with the new application.
  - **If you are contacted by someone with Connect for Health** to discuss alternative health insurance options, FIRST work with the county/entity that sent the denial letter to try to get LTC back in place. Most LTC Medicaid recipients should be able to fix their LTC eligibility if they follow the instructions given to them by their Medicaid DHS office.

#### Common Reasons for a Denial

**Medicaid needs something from Developmental Pathways.**

- **Some denials result from Medicaid not having a current Level of Care** (a.k.a. 100.2 cert page, cert, cert page, LOC) on file and uploaded to the Medicaid database.
  - The denial will say *the person doesn't meet the level of care*.
  - If you are told by Medicaid that this is needed, contact your DP case manager.
  - Delayed yearly 100.2 assessments and SPs can delay when the cert page is submitted to Medicaid.

### An Incomplete yearly Medicaid Renewal.

- **Many denials are the result of an incomplete Renewal.** This could be any of the following: you returned your packet without a signature; you didn't submit your packet at all; you submitted your packet without the necessary verifications; you submitted your packet with information missing.
  - See the [Renewal section](#) of this guide for more information.
  - Review the denial and carefully check your records.
  - Did you recently submit a completed and SIGNED Renewal packet with current verifications?
    - **What are verifications?** Verifications are documents that Medicaid needs from you to determine eligibility. These could be financial documents, like bank statements, trust account statements, and paystubs, or other documents like a birth certificate, social security card, etc. When Medicaid needs additional documents from you, they send a *Verification Request*. [Click here](#) to see a list of possible verifications Medicaid might need.
  - If you did recently submit a Renewal packet, did you submit it to Medicaid by the due date? Renewals are due by the 5<sup>th</sup> of the month in which they are due.
    - When documents are submitted late, it is possible to receive a denial because Medicaid did not yet process the packet you returned. If you did submit your Renewal packet and receive a denial, call Medicaid to confirm they received everything they need.

### A Medicaid Disability application is needed.

\*Possibly worded like this in the Medicaid correspondence-- *Failed disability criteria for the blind or disabled used by the Social Security Administration.*

- You may be asked to complete a Medicaid Disability application for one of the following reasons. If you have additional questions, please contact Medicaid. **Click here for the guide.** <https://www.dpcolorado.org/programs-services/applying-for-medicaid/>
  - **Individuals under the age of 65 and working adults over the age of 65** must have a disability determination using Social Security's disability criteria. This is different from the disability determination that may previously have been completed by DP's Intake Team, as that looks at Colorado's disability criteria. There are two options for getting the disability determination. You can either complete a Medicaid Disability application, which is reviewed by ARG- Action Review Group, also called Arbor. The other way is to apply and be approved for Supplemental Security Income (SSI) or some types of Social Security Disability Insurance (SSDI). See [this section](#) for more information about this process.
    - If you recently lost SSI or SSDI, you may be asked to complete a Medicaid Disability application if you can't get your SSI or SSDI reinstated.
    - Most Medicaid Disability applications are approved for 7 years. The end date of the approval is known as the **disability diary date**. If a diary date expires (or will be expiring) and the person is not receiving Social Security benefits with a disability determination, a new Medicaid Disability application may be needed to maintain LTC Medicaid approval.
  - **Non-working individuals over the age of 65** do not need this determination.

### You are over the asset/resource limit for LTC Medicaid.

\*Possibly worded like this in Medicaid correspondence-- *Household exceeds countable resource limit for LTC.*

- This means that you have more money saved than LTC Medicaid permits. The asset limit for LTC in all combined accounts, outside of an **approved** Special Needs Trust and ABLÉ account, is \$2000.
  - If you are a working adult, you have the option of being on both Medicaid Buy-in and waiver. That means you can adhere to the [Medicaid Buy-in](#) financial limits instead of LTC. Medicaid Buy-in does not have a limit on how much money you can have saved in all your accounts combined. As a quick reminder, adults must be working to be on Medicaid Buy-in.
- **There are proper ways to spend down and/or shelter excess assets/resources in the eyes of Medicaid. See the [financial planning resource section](#) for more information. We suggest you consult with Medicaid before moving around assets, like giving away your house to a family member and/or moving money from one bank account to another, to ensure you do it correctly to avoid a Period of Ineligibility (POI).**
- If you are a working adult who opted out of Medicaid Buy-in and you go over the assets/resources for LTC Medicaid, you may not continue to qualify financially for LTC Medicaid. Health First Colorado Medicaid can help you to determine the best path forward so you can stay on your waiver.

### You are over the income limit for LTC Medicaid.

\*Possibly worded like this in the Medicaid correspondence-- *Countable income above the allowable limit or Income Trust setup required to pass the client.*

- See Income Trust information [here](#).

### How to File an Appeal with Medicaid

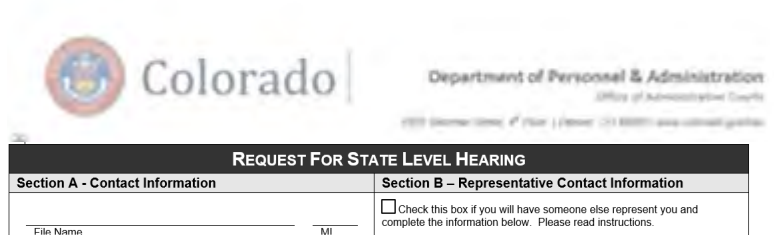
- Review the denial, as it outlines the next steps for the appeal.
- **Appeal right away. You can appeal up to 60 days after receiving the ineligibility term Notice of Action from Medicaid. Services can remain in place during the appeal process.**



- You **do not** need to hire a lawyer to file an appeal for you.
- Review the envelope the denial came in (if mailed to you) to check for the post mark. If it was sent out less than 10 days prior to the closure date, appeal the decision.
- Submit the denial notice with the appeal.
  - Formal appeal document: <https://oac.colorado.gov/resources/oac-forms>
    - Click to open the “Request for State Level Hearing” document
- Accommodations can be requested, as needed. Examples include, but are not limited to- simplified language, braille, larger font, etc. If the individual needs disability accommodations for the appeal process, note that in the supplemental document. If the person has a representative or guardian helping to file the appeal, that is considered a type of accommodation.
- On the client/individual side of the form (section A), **do NOT** list the individual’s email address or phone number, if the person has a representative or guardian helping. The individual will get inundated with legal messages that

may be confusing. Only include the guardian or representative’s contact information on the right side of the form (section B).

- The top of the form looks like this:



REQUEST FOR STATE LEVEL HEARING	
<b>Section A - Contact Information</b>	<b>Section B – Representative Contact Information</b>
File Name _____ MI _____	<input type="checkbox"/> Check this box if you will have someone else represent you and complete the information below. Please read instructions.

### Who Can File an Appeal

- Individual or Legal guardian (on behalf of the individual)
- Anyone can “help” the person to file the appeal, but only a guardian or representative can file it on their behalf.
- If the individual’s legal guardian signs the appeal form, submit guardianship documentation with the appeal.

### When to File an Appeal

- If the individual gets a notice from Medicaid discontinuing, reducing, or suspending services or eligibility, file an appeal (assuming the change in coverage was not requested by the individual).
- **You can appeal up to 60 days after receiving the ineligibility term Notice of Action from Medicaid. Services can remain in place during the appeal process.**
- Appeal if the individual has services discontinued without prior notification.
- Some notices are bad (not legally proper), so file and appeal to be safe!
- If the individual applies for Medicaid and is denied.
- If the state/county/eligibility site does not respond to request for services with “reasonable promptness.”
  - 45-days for financial review
  - 90-days for a disability determination

### Options for Submitting your Appeal

- **OAC email. Do NOT fax.** You are limited to sending 10 pages when faxing.
  - [Oac-gs@state.co.us](mailto:Oac-gs@state.co.us)
- Hand deliver or send via certified mail
  - Office of Administrative Courts  
1252 Sherman Street 4<sup>th</sup> Floor  
Denver, CO 80203

### Appeal Hearing

- It is rare for an appeal to make its way to a hearing. The appeal forces Medicaid to take another look at the case and they will often be able to overturn the denial without a hearing. **This is not guaranteed.**
- If the case does make it to a hearing and the date/time does not work with the individual’s schedule, they can request a new date/time.
- If the person appealed before the closure date, so they have continuing benefits, it doesn’t matter how far out the hearing is pushed.

**Resources**

- **Video on Appeals:**  
<https://www.youtube.com/watch?v=oXKVMC1Ee4s&t=32s>  
<https://www.youtube.com/watch?v=IARXEK7ISfI&t=4s>
- **Self Help Forms and Info:**  
<https://oac.colorado.gov/self-represented-parties>  
<https://cclponline.org/resource/medicaid-appeals-guides-las-guias-de-apelaciones-de-medicaid/>

The below text is what is included in the denial letter from Medicaid. Ignore the dates in this example.

**To disagree with a decision for Health First Colorado (Medicaid)**

You can request an informal meeting, appeal (ask for a formal hearing) or both. You may be able to address issues more quickly through an informal meeting (also called a county conference). If you also want to appeal, you must do it by the deadline below, even if you also want to try an informal meeting.

<b>To ask for an informal meeting</b> for Health First Colorado (Medicaid)	
Deadline to request an <b>informal meeting</b> for Health First Colorado	To ask for an informal meeting (county conference), you can call your county human services office and request one. Or,

More on next page.

(Medicaid): <b>May 8, 2023</b>	send a letter to your county with your name, address, telephone number, case number, and the reason you disagree with the decision. Send the letter to:  ARAPAHOE County 14980 E ALAMEDA DR STE 007 AURORA CO 80012-1542 Phone: (303) 636-1170
<b>To appeal (ask for a formal hearing) for Health First Colorado (Medicaid)</b>	
Deadline to appeal for Health First Colorado (Medicaid): <b>May 8, 2023</b>	You can ask for a formal hearing with a judge (also called a State Fair Hearing) in any of these ways: <ul style="list-style-type: none"> <li>• Mail, fax, or bring a letter to the Office of Administrative Courts with:             <ul style="list-style-type: none"> <li>◦ Your name</li> <li>◦ Your signature (if mailing or faxing)</li> <li>◦ Your mailing address</li> <li>◦ Your daytime telephone number</li> <li>◦ The reason for your appeal</li> <li>◦ A copy of this notice. Be sure to keep a copy of the letter and this notice for your records.</li> </ul> </li> </ul> <p>Office for Administrative Courts          1525 Sherman Street, 4th Floor          Denver, CO 80203          Phone: 1-303-866-2000          Fax: 1-303-866-5909</p> <ul style="list-style-type: none"> <li>• You can also request an appeal online at: <a href="https://colorado.gov/oac/oac-form-links">Colorado.gov/oac/oac-form-links</a></li> </ul> <p>The Office of Administrative Courts will mail you the date, time and place for your hearing.</p>
<b>To ask for an expedited hearing for Health First Colorado (Medicaid) decisions</b>	If you think waiting for a hearing might jeopardize your life or health, you have the right to ask for an expedited (faster) hearing. To request an expedited hearing, use the same process for requesting a regular appeal and hearing, but say that you want an expedited hearing and why it should be expedited.
<b>Continuing your benefits during an appeal</b>	<b>Health First Colorado (Medicaid):</b> If you are receiving benefits and you appeal and ask for a formal hearing before your benefits end, you may continue to receive the Health First Colorado benefits you are already receiving until a final decision on your appeal is made. If you miss the deadline, you may be able to continue to receive benefits if your appeal is received within 10 days after your benefits end, you provide
proof of a health or personal emergency with your request, and you explain why you missed the deadline.	

INTERNAL DP USE ONLY- Additional Renewal and Denial Resources for Case Managers

- [Medicaid Renewal PowerPoint](#)
- [Benefits Manual for CMs](#)

## Financial Planning Resources

### Financial Planning Resources from the Arc of the United States

#### Resources:

- **The Arc Center for Future Planning**

<https://futureplanning.thearc.org/pages/learn/where-to-start/financing-the-future>

**Main Link:** [Future Financial Planning for People With Disabilities](#)

**English-** [https://www.youtube.com/playlist?list=PL9ehQ7w4Tze2AlPxDn0dEajr1TVq\\_GUPZ](https://www.youtube.com/playlist?list=PL9ehQ7w4Tze2AlPxDn0dEajr1TVq_GUPZ)

Spanish-- [Planificación Financiera Futura Para Las Personas Con Discapacidades - YouTube](#)

**Videos available:**

- An Overview of ABLE Accounts
- An Overview of Special Needs Trusts
- Special Needs Trusts and ABLE Accounts: How Are They Different?
- Pooled Special Needs Trusts
- How Death Affects the Money Left in ABLE Accounts and Special Needs Trusts

➤ **Colorado Fund for People with Disabilities (CFPD)**

Phone: 303-733-2867

Web: <http://www.cfpdtrust.org/>

- **Comparison Chart of ABLE account, Special Needs Trust (1<sup>st</sup> and 3<sup>rd</sup> party), and Pooled Trust**  
<https://www.ablenrc.org/able-account-special-needs-and-pooled-trust-comparison-chart/>
- **Pooled Special Needs Trust Resources/Directory**  
<https://www.specialneedsalliance.org/pooled-trust-directory/>
- **Special Needs Alliance**  
<https://www.specialneedsalliance.org/>
- **Academy of Special Needs**  
<https://specialneedsanswers.com/>
- **Colorado DB101**  
<https://co.db101.org/co/situations/workandbenefits/assets/program2d.htm>
- **Colorado Bar Association**  
<https://www.cobar.org/Licensed-Lawyer>

### **Sheltering Excess Resources/Assets: Special Needs Trust**

(Please note: we are not experts in trusts and highly recommend that you **seek professional advice from an attorney who specializes in trusts.**)

Recommended Resource: <https://co.db101.org/co/situations/workandbenefits/assets/program2d.htm>

- A Special Needs Trust shelters assets (resources) so an individual may qualify for SSI and/or Medicaid.
- When creating a Special Needs Trust, it is suggested you use an attorney who knows and understands special needs law. Links are below for The Special Needs Alliance and Academy of Special Needs.
- The items for which the money in the trust can be spent on are clearly specified by Medicaid.
- There are different types of trusts.
- It is our understanding from the Medicaid personnel we have consulted with that **all individual trusts, whether funded or non-funded, must be submitted to the Department of Health Care Policy and Financing (HCPF) for review.**
- Trusts are usually submitted by the attorney who wrote the trust. It is best for a complete trust to be submitted to both the county eligibility site (Medicaid office) and to Health Care Policy and Financing (HCPF). HCPF will then provide an opinion letter as to the effect of the trust on the individual's Medicaid eligibility.
- The Social Security Administration has its own review process of Trusts.
- There may be special rules regarding a trust distribution exceeding \$5,000 made on or after June 30, 2020):

<https://www.colorado.gov/pacific/sites/default/files/HCPF%20PM%2020-005%20Disability%20Trust%20Policy%20Guidance%20on%20Distribution%20Notice%20Requirements.pdf>

Medicaid regulations require that if a Medicaid applicant/client or their spouse has transferred assets into a trust **or is a beneficiary of a trust**, the trust document shall be submitted to the Department to determine the effect of the trust on Medical Assistance eligibility. 10 C.C.R. 2505-10, Section 8.100.7.E.7.a.

Any trust established by or benefiting an applicant/member must be submitted to the Trust Policy & Recoveries Section of the Colorado Department of Health Care Policy & Financing (the “Department”) as part of the financial eligibility determination process for that applicant or member. See 10 C.C.R. 2505-10, Sections 8.100.5.E.8, 8.100.7.E.7, and 8.100.7.G.9. The Department will review the trust documents, including information on asset transfers related to the trust, to determine if there is any impact on eligibility. A formal written determination is then provided to the county and/or other eligibility site. If someone other than an eligibility site submitted the trust for review, a copy of the written determination will also be provided to the submitted.

- It can take several months for HCPF to review trusts.
- Only complete trusts will be reviewed. They do not accept trust summaries, often called Abstract of Trust or Certificate of Trust.
- The expenditures are reported on a yearly basis at the time of Medicaid re-determination.
- It is recommended that any individual who may be getting a lump sum at any time (inheritance money, settlement money, SSI/SSDI back pay) set up a trust and/or ABLE account.

#### Required for All Submissions

For **all** submissions, please ensure the following:

Trustee contact information is available and up to date.

A complete copy of the trust agreement is being submitted, including, but not limited to, any schedules, amendments, or restatements. Any other documents impacting the administration of the trust or its terms should also be submitted, including documents related to a change of trustee or any other document impacting the administration of the trust or the member/applicant’s interest in the trust.

Complete funding/asset information is being submitted, including the source and amount of all funds or other assets transferred into the trust. For newly created trusts, this usually includes a complete and accurate Schedule A. For older trusts, provide an accounting showing all assets contributed to and distributions made from the Trust during the five-year look-back period.

#### Required for Disability Trust Submissions

For a **Disability Trust** submission, please ensure the following:

If the trust assets include a personal injury judgment, award, settlement, or the like, please provide:

- Proof of satisfaction of any Medicaid lien or confirmation that no lien was made (Note: If medical claims related to the underlying incident were paid by the Department, an automatic statutory lien was created under C.R.S. § 25-5.4-301(5)). Typically, these liens are satisfied during the settlement process. The member or their representative may contact the Department’s Tort and Casualty Unit in the Third-Party Liability and Recoveries section for a letter evidencing satisfaction of a lien or confirmation that no lien was made. They can be reached by email at [Tort.Casualty@state.co.us](mailto:Tort.Casualty@state.co.us).
- Confirmation that either this is the complete settlement or that additional funds will be paid to the member/applicant or the trust. A copy of the Settlement Order is preferred, or if none, an email from the attorney or the trustee is sufficient.
- If an annuity or any other means for periodic payments is part of the settlement, the Department

requires proof that the trust or the Department is named as the remainder beneficiary of any such payments on death. To avoid inclusion of these payments in income, information on whether the annuity has been irrevocably assigned to the trust should also be provided. A copy of the annuity contract and any corresponding court orders are usually sufficient.

- If a personal injury judgment is not involved but the trust assets include an annuity or other periodic payments (e.g., child support or alimony payments), a copy of the contract or court order and information on whether the payments were irrevocably assigned to the trust must also be provided.

## How to submit a trust

### →IF YOU DON'T ALREADY HAVE MEDICAID

**Note:** The attorney who created the trust can submit it on your behalf to both Medicaid and HCPF.

**Option 1:** Submit the trust to your local Department of Human Services or Medicaid Application Assistance Site, with the completed Health First Colorado Medicaid application. Ask that a copy of the trust be forwarded to HCPF.

**Option 2:** Submit the trust to your local Department of Human Services or Medicaid Application Assistance Site, with the completed Health First Colorado Medicaid application and submit a copy of the trust to HCPF.

### →IF YOU ALREADY HAVE MEDICAID IN PLACE

**Note:** The attorney who created the trust can submit it on your behalf to both Medicaid and HCPF.

**Option 1:** You can submit the trust to your local Department of Human Services and HCPF.

**Option 2:** You can submit the trust to your local Department of Human Services and ask that they forward a copy to the trust department at HCPF.

A **cover letter** should include the following information: the individual's full name, contact information, Medicaid ID (if applicable), social security number, date of birth, and the county/entity that holds the person's Medicaid.

- Trusts can be faxed, emailed, mailed, or hand delivered to HCPF.
- Trusts can be faxed, mailed, or hand delivered to your local Department of Human Services.
- If the individual does not have Medicaid yet, note that you are submitting the trust with the expectation that they will have Medicaid in the future.

### Medicaid Trust Department with Health Care Policy and Financing (HCPF):

**Email:** Medicaid.trusts@state.co.us

**Fax #:** 303-866-3552

**Address:** HCPF Trust Unit, 303 E. 17th Avenue, Denver, CO 80203

**More Information:** <https://hcpf.colorado.gov/medicaid-trusts>

NOTE: We do not have a direct phone number for the trust department at HCPF.

## Frequently Asked Questions about Trusts

### ➤ What kinds of Trusts need to be reviewed by Health Care Policy and Financing (HCPF)?

Trusts that meet either of the following criteria- Applicant/member or their spouse has transferred assets into the trust or applicant/member or their spouse is a beneficiary of the trust.

➤ **What are the review timelines for trusts?**

- Income trusts: within two weeks (14 calendar days)
- Other trusts: within 1 month (30 calendar days)
- Accountings, trust closures, and other document review: within 1 month (30 calendar days)

➤ **What are the common types of Trusts?**

- “Payback” trusts—Income Trusts, Pooled Trusts, and Disability Trusts.
- Miscellaneous Trusts- Revocable Trusts, Irrevocable Trusts, and Third-Party Trusts

➤ **Does an unfunded Trust need to be reviewed?**

Yes. Many trusts are only nominally funded with plans to fund them at a later date. These trusts must still be sent to the Department for review.

➤ **Do trusts need to be reviewed for someone using Working Adults with a Disability (WAwD Adult Buy-in) Medicaid since there isn’t an asset test?**

Yes. Some trusts have required income distribution that can impact WAwD eligibility. Also, if the member stops meeting the WAwD requirements, a late trust review may delay their eligibility through another method.

➤ **What are some things Trusts can be used to pay for?**

- Caregiving services (A caregiver can be paid from multiple sources, such as HCBS services, Home Health, and a Trust, for different services or hours. It is not required that people pay for caregiver services through a trust.
- Trusts can pay for other benefits HCBS covers, like Home Mods, Assistive Tech, Residential Care, etc., but it is not required that these services are paid for by the trust. A Trust can supplement if HCBS is limited by hours, units, or dollar limits.
- Trusts can also pay for things like travel, entertainment, and vehicles.

### **Sheltering Excess Income: Income Trust**

Individuals are sometimes asked by Medicaid to complete an Income Trust. The Income Trust is created to shelter unearned income above the monthly limit for LTC Medicaid.

- Total monthly income cannot be more than three times the current maximum [SSI](#) (Social Security Income) amount. This includes unearned income, like Social Security benefits, pension disbursements, etc. and gross wages combined.
- **For working adults**, an Income Trust shouldn’t be needed if the person is on the [Medicaid Buy-in](#) program with a Medicaid waiver. If you are a working adult who is not on Medicaid Buy-in and are told an Income Trust is needed, you can “opt in” to Medicaid Buy-in to avoid having to create an Income Trust.
- **For non-working adults**, if your income is over the limit, an Income Trust can be set up to “take” the excess income, so the individual continues to qualify for Medicaid and waiver benefits. Otherwise, the individual may no longer qualify for Long-Term Care Medicaid.
- **Contact Medicaid** to discuss how much money you will need to deposit into the trust each month and whether or not you will get access to the money. We suggest you discuss both short-term and long-term impacts of giving this money to Medicaid with Health First Colorado Medicaid and a financial planner.
- **Contact [Medicaid](#) directly** with questions about Income Trusts.

- More Income Trust information can be found [here](#) and <https://hcpf.colorado.gov/medicaid-trusts>.

### Required for Income Trust Submissions

For an **Income Trust** submission, please ensure the following:

If the trust was signed on or after September 30, 2024, confirm that it is on the current form titled Irrevocable Income Trust Agreement.

Confirm that the date and the applicant/member's legal name are on the trust agreement and that the settler and trustee have *signed* page 7 of the trust agreement. Notarization of these signatures is preferred but not required.

If the documents were signed by someone other than the applicant/member on their behalf, include a copy of the document(s) evidencing this individual's authority to act on behalf of the member/applicant, which may include:

- Power of Attorney
- Letters of Conservatorship
- Letters of Guardianship
- Court Order

If providing one or more of the above documents, confirm that the document(s) expressly grants the person signing the authority to establish the trust on behalf of the applicant/member. Under the laws of Colorado, the power to create an income trust is not included in the general statutory powers given to agents, conservators, guardians, or other fiduciaries. Further, for Letters, the general form language for these court filings expressly excludes the power to create a trust by stating that their authority is "subject to the exclusions in § 15-14-411, C.R.S.," so please ensure that there is additional language on the filing expressly granting the power to create a trust.

### **Sheltering Excess Resources/Assets: College Savings Account**

From what we understand, there are two different types of accounts—custodial and individual. It is best to check directly with Medicaid to ask if the specific account you have will affect LTC Medicaid eligibility. It may be possible to roll the money from a 529 account to an ABLE account. See the ABLE section of this guide below.

### **Sheltering Excess Resources/Assets: Achieving a Better Life Experience (ABLE)**

(It is highly recommended that you seek expertise from a certified financial planner when looking into the possibility of setting up an ABLE account.)

#### **What is it?**

The Stephen Beck, Jr. Achieving a Better Life Experience (ABLE) Act (PL 113-295) amends the federal tax code to add Section 529A to:

- Create an option for eligible people with disabilities, to save money in a tax-exempt account, that may be used for qualified disability expenses and maintain eligibility for federal public benefits.

#### **Eligibility Requirements:**

Individuals must meet two requirements—

- Age requirement—the individual must have been determined disabled before the age of 46\*; AND
  - Severity of disability--
    - Have been determined to meet the disability requirements for Supplemental Security Income (SSI) or Social Security Disability benefits (Title XVI or Title II of the Social Security Act) and are receiving those benefits,
- OR**

- Submit a “disability certificate” assuring that the individual holds documentation of a physician’s diagnosis and signature and confirming that the individual meets the functional disability criteria in the ABLÉ Act (related to the severity of disability described in Title XI or Title II of the Social Security Act). (This can be the approval letter from ARG/Arbor if you completed a Medicaid Disability application.)

\*the age limit changed from 26 to 46 on January 1, 2026.

#### Basic Characteristics of Colorado ABLÉ:

- An eligible individual is not obligated to enroll in their state of residence, but there are tax advantages of doing so.
- The ABLÉ Account is known as the 529A account. It is mirrored after the 529 College Savings Account.
- **The money in a 529 College Savings Account can be directly rolled into an ABLÉ account.** The funds rolled over from the 529 college savings account to an ABLÉ account are subject to the annual contribution limit for the given tax year (provided no other contributions into the account have been made during that tax year).
- You can only have one ABLÉ account.
- Each state has its own maximum account limit. The limit in Colorado is \$500,000.
- The “Designated Beneficiary” is the account owner (although another person such as a parent, guardian, or person with power of attorney may be allowed signature authority over the account).
- Funds in the account may be used for “qualified disability related expenses.”
- Multiple people can contribute to an individual’s ABLÉ account.
- A current ID is needed to open an ABLÉ account.
- The current yearly maximum contribution amount to an ABLÉ account is \$20,000. The maximum amount may be different for working individuals.
- For SSI recipients only--Once the ABLÉ account exceeds \$100,000, SSI will be “suspended” until the balance is back below \$100,000. **This WILL NOT affect Medicaid if SSI is suspended for this reason.**
- **The money in an ABLÉ account is meant to be used** over the lifetime of the person, so there is very little or no money left when the person passes away.

#### Working Individuals

- Annual contributions to ABLÉ accounts are currently capped at \$20,000. However, people with disabilities who work can accrue some of their wages as well.
- In addition, the IRS indicated that workers with disabilities who have ABLÉ accounts can now qualify for a Saver’s Credit, which can reduce their federal tax bill.

#### An expense is “qualified” if:

- You incurred the expense at a time you were considered an “Eligible Individual;”
- The expense relates to your blindness or disability; and
- The expense helps you maintain or improve your health, independence or quality of life.

Each person is unique and the needs of individuals can vary. ABLÉ accounts can help pay for expenses related to maintaining the health, independence, and quality of life for people with disabilities.

#### Some common examples:

Basic Living Expenses	Health and Wellness
Housing	Financial Management
Transportation	Education and Training
Assistive Technology and related services	Employment training and support
Funeral and burial	Other expenses approved by the Secretary of the U.S. Treasury

## Frequently Asked Questions about ABLE:

Colorado ABLE, FAQs: <https://www.coloradoable.org/faqs/>

- **If I move out of state, can I still use my Colorado ABLE account?**
  - Yes, you can. It is a virtual bank experience, so you should still have access to it, even if you move out of state.
- **If I move out of state and I want to move my ABLE account to another state, can I do that?**
  - Yes, you can. It isn't necessary, but can certainly be done.
- **Can I move money from my trust account to my ABLE account?**
  - Yes, you should be able to if the money will be used for a disability expense. Discuss with your trust account trustee.
- **Can an adult with a disability open their own ABLE account?**
  - Yes, if they are able to monitor their own money. They can have someone added as a Power of Attorney to the account as well, for extra support.
- **Is there a fee involved with opening an ABLE account?**
  - Yes. See the Colorado ABLE FAQs for more information.
- **Will I be able to withdraw money each month from my ABLE account to spend on little, miscellaneous things?**
  - Yes.
- **Can I transfer money from my ABLE account into a checking account and then withdraw money from there?**
  - Yes, and-- ABLE has its own checking account that comes with a debit card.
- **Can I have my SSI and/or SSDI directly deposited into my ABLE account?**
  - Yes!


## Additional Resources

- **Colorado ABLE:** <http://www.coloradoable.org/>
- **Colorado ABLE customer service** (bilingual support available): 1-888-609-3468; [co.clientservice@savewithable.com](mailto:co.clientservice@savewithable.com)
- **ABLE Today:** <https://www.abletoday.org/>
- **Disability Benefits 101:** [https://co.db101.org/co/programs/job\\_planning/able/program.htm](https://co.db101.org/co/programs/job_planning/able/program.htm)
  - [https://co.db101.org/co/programs/job\\_planning/able/faqs.htm](https://co.db101.org/co/programs/job_planning/able/faqs.htm)
- **Special Needs Alliance:** <http://www.specialneedsalliance.org/>
- **ABLE National Resource Center:** <http://www.ablenrc.org/>
  - **Roadmap to ABLE enrollment:** <https://www.ablenrc.org/get-started/>
  - **Roadmap to Independence:** <https://www.ablenrc.org/manage-account/>
  - **Basic Information about ABLE accounts:** <http://www.ablenrc.org/what-is-able/what-are-able-accounts/>
  - **Debunking ABLE Myths:** <http://www.ablenrc.org/what-is-able/debunking-able-myths/>
  - **Shop the states to choose the BEST ABLE Program for you:** [http://www.ablenrc.org/state\\_compare/](http://www.ablenrc.org/state_compare/)
  - **Webinars:** <http://www.ablenrc.org/webinars>
  - **Podcasts:** <https://www.ablenrc.org/able-to-save-podcast/>

- **Comparison Chart of ABLE account, Special Needs Trust (1<sup>st</sup> and 3<sup>rd</sup> party), and Pooled Trust:**  
<https://www.ablenrc.org/able-account-special-needs-and-pooled-trust-comparison-chart/>
- **Federal Register -Guidance Under Section 529A-Qualified ABLE Programs:**  
<https://www.federalregister.gov/documents/2020/11/19/2020-22144/guidance-under-section-529a-qualified-able-programs>

If you have additional questions about Colorado ABLE, you can contact:

- **Mike Keglovits with CollegeInvest:** [mkeglovits@collegeinvest.org](mailto:mkeglovits@collegeinvest.org); 303-376-8833

DP Staff only: ABLE PowerPoint  [ABLE Presentation 2021.pdf](#) (Internal to DP only)

## Frequently Asked Questions about Health First Colorado/Medicaid

\*Many of the below questions are specifically related to LTC Medicaid.

### 1. How do I get a new Health First Colorado Medicaid card?

- The individual/guardian/rep payee can contact their local Department of Human Services or Medicaid Customer Service to request a new card. (See page 2 for phone numbers)
- You can also create an account on the Colorado PEAK website and **print a card**. To log onto the PEAK site, you will need the individual's case number in addition to their Medicaid ID #. All case numbers start with "1B" and are listed on Medicaid paperwork.

### 2. How long until I will get a Health First Colorado/Medicaid card after my Medicaid is activated?

Medicaid cards are mailed out in batches to first time Health First Colorado recipients. It can take up to 6-8 weeks to get a new card. It is suggested that individuals print a card from the PEAK system, if one is needed sooner.

### 3. What changes do I need to report to Health First Colorado?

Individuals getting Medicaid are required to **report all changes to the Department of Human Services** within 10 days of the change.

- Possible changes include but are not limited to: address updates; marital status; name change; employment change; household member change.

### 4. How do I report changes to Health First Colorado?

These changes can be reported in one of the following ways:

- Call Medicaid Customer Service at 1-800-221-3943 (1-800-659-2656-hearing impaired).
- Call your [local Department of Human Services](#) or go to the office in person.
- Log onto the PEAK site or the PEAK app and make the changes directly on there.
- **An important note about address updates:** When an individual's residential address is different from their mailing address for Medicaid, it is important you make that distinction when updating your address with Medicaid.

**Check out these videos** from Health Care Policy and Financing (HCPF) about making updates to your account.

**English:** [https://www.youtube.com/watch?v=ZDCLOET\\_mQo&list=PLFIKrQC\\_PrCGEuVySAlzoUNN23ihtKrD4&index=1](https://www.youtube.com/watch?v=ZDCLOET_mQo&list=PLFIKrQC_PrCGEuVySAlzoUNN23ihtKrD4&index=1)

**Spanish:** [https://www.youtube.com/watch?v=oSaAcz2arsM&list=PLFIKrQC\\_PrCGEuVySAlzoUNN23ihtKrD4&index=2](https://www.youtube.com/watch?v=oSaAcz2arsM&list=PLFIKrQC_PrCGEuVySAlzoUNN23ihtKrD4&index=2)

### 5. Where can I find my case # with Medicaid?

The case # is the number that starts with “1B” that appears on all Medicaid paperwork. All members of the same household will be attached to the same case.

### 6. I received a Health First Colorado/Medicaid Verification Checklist. What is this?

A verification checklist contains a list of documents that Health First Colorado Medicaid needs from the individual to check a person’s financial and disability eligibility for LTC Medicaid. If received, the individual must **submit the requested document(s) back to the county by the due date given**. If there are questions about the verifications being asked for, please contact Medicaid as soon as possible.

- See the annual [Renewal/Redetermination section](#) for a list of possible verifications needed.

### 7. I received a tax refund. Will this impact my Health First Colorado/Medicaid eligibility?

No. A [tax](#) refund is considered **exempt** income and should not affect an individual’s Medicaid status.

### 8. Now that I have Medicaid, should I cancel my private health insurance?

It is a personal choice to keep your private health insurance on top of Medicaid (and Medicare, as applicable). Medicaid wants to be the payer of last resort and would prefer that you keep your private health insurance to pay for all medical expenses.

**The Colorado Health Insurance Buy-in (HIBI)** program for Health First Colorado clients who have access to commercial health insurance. HIBI should not be confused with Health First Colorado Medicaid Buy-in. Health First Colorado clients who are eligible for the Colorado HIBI program receive monthly payments for all or a portion of the cost of their commercial health insurance premium. The idea behind it is to encourage individuals to keep their private health insurance in addition to having Medicaid.

- People must apply for the program.
- Medicaid will evaluate to see if it is a good financial decision for Medicaid. They will take into consideration if the person has high medical needs, and the approximate amount spent on medical care each month.
- If it is in Medicaid’s best interest to pay the premium versus exorbitant medical bills, then the person may be approved for HIBI.
- Individuals can’t be enrolled in HIBI and Medicaid Buy-in at the same time.

**More information:** <http://www.mycohibi.com/>

### 9. What is The Adult Financial Program?

There are a few different programs that fall under Adult Financial: Home Care Allowance (HCA); Aid to the Needy Disabled (AND); Aid to Blind (AB); Aid to the Needy Disabled /Blind Colorado Supplement (AND-CS); Old Age Pension (60 and older); Burial Assistance. For more information about these programs, please go to:

<https://cdhs.colorado.gov/benefits-assistance/cash-assistance/adult-financial-programs>

### 10. Who qualifies for Aid to the Needy Disabled (AND)?

Aid to the Needy Disabled Program (AND) is an interim assistance program provided by the State of Colorado to people who meet the requirements of need and disability, between the ages of 18 and 59. Claimants prove disability for this program by having a doctor certify that they are unable to work for a period of at least six months. Benefits are paid under this program only if the claimant has a pending claim for Supplemental Security Income (SSI) disability benefits. Upon receipt of SSI benefits, the claimant reimburses the state for any AND benefits received. If denied by Social Security, they must appeal the denial to continue getting AND. A medical form must accompany the application for

AND. This can be obtained from the Department of Human Services. More information here:

<https://cdhs.colorado.gov/benefits-assistance/cash-assistance/adult-financial-programs>

**11. The individual on a LTC Medicaid waiver is now receiving Medicare (or will be getting Medicare soon). Will this affect their Medicaid benefits?**

**No.** Medicaid is always the payer of last resort, so all items will be billed through private health insurance and Medicare prior to going through Medicaid. This is regarding all items not billed through the waiver. **Individuals are automatically signed up for Medicare two years from their first SSDI payment.**

**12. Who should I contact if I need financial assistance with Funeral Expenses?**

Contact your local Department of Human Services and ask to complete the **burial assistance application**. It is recommended that you bring a copy of the death certificate to the county, in case they ask to see it.

**13. Who should I contact if the individual is having trouble with prescription coverage?**

It depends on what kind of health insurance coverage the individual has. If they have Medicaid, you will need to contact Medicaid customer service (not the county); if they have Medicare, you'll need to contact Medicare; if they have private health insurance, you'll need to contact that insurance company. If they have multiple insurance carriers, you will need call each carrier separately. Be sure to explain that they have other coverage and ask how the coverage should work with multiple insurance providers.

**14. What should I know about Food Benefits (SNAP)?**

- Food benefit recipients get a separate food stamp re-determination once a year, in addition to a Food Stamp Change Report that also comes once a year.
- All documents should be completed in a timely manner and returned to the Department of Human Services office that is listed on the paperwork. Pay stubs, rental agreements, and current bank statements should be submitted with the Food Stamp re-determination.
- Individuals receiving food benefits may also get paperwork throughout the year whenever there are changes to their food benefit amount.
- For more information: <https://cdhs.colorado.gov/snap>

**15. What are the financial requirements/limits for MAGI Medicaid (Modified Adjusted Gross Income)?**

<https://www.healthfirstcolorado.com/apply-now/?tab=do-i-qualify>

**16. My child/loved one is on the CES waiver (or another LTC Medicaid waiver for children) and will be turning 18 soon and enrolling onto an adult waiver. Does s/he have to re-apply for Medicaid?**

No, you do not need to re-apply. Once you have completed the 100.2 assessment for the adult waiver, the database DP uses (CCM) will automatically send information to Medicaid about the adult waiver.

**17. I am moving to Colorado from out of state and had/have Medicaid in my other state. Do I need to re-apply in Colorado?**

If you do not get Supplemental Security Income (SSI), then you must reapply in Colorado. Medicaid is a state-run program. You will need to contact Medicaid in your previous state to inform them of the date of your move to Colorado, so that they can close out your Medicaid coverage. You will then apply for Medicaid in Colorado. **Check out DP's Medicaid Application web page!** <https://www.dpcolo.org/programs-services/applying-for-medicaid/>

If you are receiving SSI, a new Medicaid application should not be needed. Contact your county Medicaid office and provide them with the following information: Proof of your SSI, full name and all members of the household, address,

date of birth, Social Security number, household composition information, and phone number. Tell them you would like to be approved for SSI Mandatory Medicaid in Colorado.

Make sure both Social Security and Medicaid have your updated address.

**18. I was told by Medicaid that they need a cert page (LOC; Level of Care; 100.2 cert). What is this?**

This is a document that comes from the 100.2 assessment that is completed each year, which shows Medicaid that you meet the functional requirements for the waiver. It is also submitted when you first enroll onto a waiver. This is submitted through a process called Streamline Eligibility from a database DP uses (CCM) to the database Medicaid uses (CBMS). Sometimes the transmission does not occur as expected. Contact your case manager if the county tells you the LOC is needed.

**19. I want to apply for Health First Colorado Medicaid, but I'm not sure where to start.**

Start here: <https://www.dpcolo.org/programs-services/applying-for-medicaid/>

**20. Where can I find more information about Family Planning Medicaid?**

Start here: <https://www.healthfirstcolorado.com/expanded-maternity-family-planning-benefits/>

[https://hcpf.colorado.gov/sites/hcpf/files/Family%20Planning%20Limited%20Benefit%20Plan%20FAQ\\_%20version%20%20final.pdf](https://hcpf.colorado.gov/sites/hcpf/files/Family%20Planning%20Limited%20Benefit%20Plan%20FAQ_%20version%20%20final.pdf)

- Family Planning Limited (FAMPL) Benefit Plan [English | Spanish](#)
- Reproductive Health Care Program (EMS/RHCP) Benefit Plan [English | Spanish](#)

**21. Where can I get more information about the Address Confidentiality Program (ACP)?**

Website: <https://dcs.colorado.gov/acp>

**22. When can I apply for Medicaid if I'm in jail?**

You can apply for Medicaid prior to your release from jail. If you are determined eligible, you will be approved with limited benefits. Once you are released, you or your authorized representative must report the release date to Medicaid, so your Medicaid status can be updated.

**23. My Medicaid case is held in the [Trails](#) Child Welfare System. I'm aging out (age 21) and my case will be closed in that system, but I want to stay enrolled on my Medicaid waiver (or enroll onto a waiver). Do I have to re-apply for Medicaid?**

Yes, you must reapply for Medicaid in the county in which you live, to get a case opened in the main Medicaid database, Colorado Benefits Management System (CBMS).

- If you are already on a Medicaid waiver, include that information on your application, plus the Case Management Agency you are working with, like Developmental Pathways. If you are not already on a waiver but want to be, let them know which Case Management Agency you are working with.
- Apply at least a month BEFORE your case closes in Trails.
- Note on your application that you have an open case in the Trails system but are aging out and need active Medicaid.
- See our application support web page for information about applying for Medicaid.  
<https://www.dpcolo.org/programs-services/applying-for-medicaid/>

**24. I will be going out of state for a few months for travel and want to know if my Colorado Medicaid will be closed.**

Here is the rule from Medicaid: *Residence shall be retained until abandoned. A person temporarily absent from the state, inside or outside the United States, retains Colorado residence. Temporarily absent means that at the time he/she leaves, the person intends to return.*

## PART 2: SOCIAL SECURITY

**The Social Security Administration (SSA):** An independent Federal agency that, among other responsibilities, oversees two income support programs for people with disabilities: SSI and SSDI.

**Supplemental Security Income (SSI):** A government assistance program that provides supplemental income to specific populations to address basic needs (i.e., food, clothing, and shelter). To receive SSI benefits, an individual must be “financially needy and disabled; financially needy and aged (over the age of 65); financially needy and blind.”

**Social Security Disability Insurance (SSDI):** Federal disability program, administered by the SSA, that provides benefits to individuals who are blind or disabled who are “insured” based on contributions (through work) paid into the Social Security trust fund, as authorized by FICA. Medicare eligibility usually comes two years after the first SSDI payment.

### Protect Yourself: Defend against scammers who target your Social Security Benefits

**(From Social Security)** Scammers are always finding new ways to steal your money and personal information by exploiting your fears. The most effective way to defeat scammers is to know how to identify scams and to ignore suspicious calls and emails.

One common tactic scammers use is posing as federal agents or other law enforcement. They may claim your Social Security number (SSN) is linked to a crime. They may even threaten to arrest you if you do not comply with their instructions. Here are three things you should do:

- Hang up right away or do not reply to the email.
- Never give personal information or payment of any kind.
- Report the scam at [oig.ssa.gov](https://oig.ssa.gov) to immediately notify the law enforcement team in our Office of the Inspector General.

You should continue to remain vigilant if you receive a phone call from someone who claims there’s a problem with your SSN or your benefits. If you owe money to us, we will mail you a letter explaining your rights, payment options, and information about appealing.

There are a few ways you can identify a scam call or email. Remember that we will never:

- Threaten you with benefit suspension, arrest, or other legal action unless you pay a fine or fee.
- Promise a benefit increase or other assistance in exchange for payment.
- Require payment by retail gift card, cash, wire transfer, internet currency, or prepaid debit card.
- Demand secrecy from you in handling a Social Security-related problem.
- Send official letters or reports containing personally identifiable information via email.

If you do not have ongoing business with our agency, it is unlikely we will contact you. Again, if you get a suspicious call claiming to be from us or law enforcement about Social Security, you should hang up and report it right away to our Office of the Inspector General at [oig.ssa.gov](https://oig.ssa.gov).

More here: <https://www.ssa.gov/scam/>  
<https://www.youtube.com/watch?v=AjhZOxRbV0&t=6s>

**Current SSI, SGA, Room and Board, and PNA Information**

	2025	2026
Maximum SSI Amount (Individuals)	\$967	\$994
Maximum SSI Amount (Couples)	\$1450	\$1491
300% rule (3x maximum SSI)	\$2901	\$2982
Substantial Gainful Activity- non- blind (SGA)	\$1620	\$1690
Substantial Gainful Activity- statutorily blind (SGA)	\$2700	\$2830
Maximum Room and Board ACF/SLP/GRSS/IRSS/TLP	\$797	\$811
Personal Needs Allowance minimum (PNA)	\$170	\$184
Personal Needs Allowance maximum (PNA)	\$421.46	\$435.46

**Social Security Contacts**

The Social Security Administration (SSA) should be your first point of contact with any questions about SSI and/or SSDI. The individual and/or his/her rep payee can contact either the individual's local office, based on zip code, or the main number for SSA.

To utilize the Social Security office locator, go to: <https://secure.ssa.gov/ICON/main.jsp>

OR— Go to the Social Security website at [www.ssa.gov](http://www.ssa.gov)

- ✓ Find the **Support** section near the bottom of the first page
- ✓ Click on **Find an office** and then click **Locate An Office By Zip**
- ✓ Enter your zip code and press **Locate**.

**List of local Social Security offices:** (for more offices, please contact Social Security)

SSA Office	Phone	Fax	Address
Aurora	1-866-931-9965	833-436-4146	14280 E Jewell Ave, Suite 250, Aurora, CO 80012
Louisville	1-877-405-5872	833-641-2557	480 W Dahlia St., Louisville, CO 80027
Colorado Springs	1-888-880-0688	719-591-1370	2306 E Pikes Peak Ave, Colorado Springs, CO 80909
Denver	1-866-613-9904	833-612-0146	1500 Champa St. 2 <sup>nd</sup> Floor, Suite 200, Denver, CO 80202
Lakewood	1-866-563-9469	833-950-3537	13151 W Alameda Pkwy, Lakewood, CO 80228
Littleton	1-888-824-4384	833-950-3535	8000 Southpark Lane, Littleton, CO 80120

- **Main number for Social Security:** 1-800-772-1213 (TTY: 1-800-325-0778)
- **Website for Social Security:** <https://www.ssa.gov/>

**Other Social Security Resources**

- **Social Security Administration FAQ:** [https://faq.ssa.gov/en-US/?utm\\_source=mip1021&utm\\_medium=online-media&utm\\_campaign=ocomm-mip-21&utm\\_content=ss-program-experts-can-answer-your-important-questions-001](https://faq.ssa.gov/en-US/?utm_source=mip1021&utm_medium=online-media&utm_campaign=ocomm-mip-21&utm_content=ss-program-experts-can-answer-your-important-questions-001)
- **Publications:** <https://www.ssa.gov/pubs/> or <https://www.ssa.gov/espanol/publicaciones/>
- **Toolkits**
  - **School Professionals Toolkit**

The [Social Security Benefits and Supplemental Security Income \(SSI\) Payments for Children: A Guide for School Professionals Toolkit](#) increases awareness about benefits for students, children with disabilities, and foster youth. The toolkit includes information about:

- Eligibility requirements;
- Types of evidence we need from teachers and other school professionals;
- How to apply; and
- Benefits for students in foster care.

- **Survivors Benefits Toolkit**

The [Social Security Survivors Benefits Toolkit – A Guide for Organizations](#) increases awareness about benefits for survivors after the loss of a family member. This toolkit includes information about:

- Eligibility requirements;
- Types of evidence we need; and
- How to apply.

➤ **SOCIAL MEDIA**

- **YouTube channel with information videos:** <https://www.youtube.com/SocialSecurity>
- **Twitter:** [www.twitter.com/socialsecurity](http://www.twitter.com/socialsecurity)
- **Blog:** [blog.ssa.gov](http://blog.ssa.gov)
- Spanish-language [Facebook](#) and [Twitter](#)

➤ **Representative Payee Information:** <https://www.ssa.gov/representation/> and [https://www.ssa.gov/representation/?utm\\_medium=email&utm\\_source=govdelivery](https://www.ssa.gov/representation/?utm_medium=email&utm_source=govdelivery)

➤ **Consent for Release of Information form** (allows people over the age of 18 to consent to and authorize SSA to disclose certain types of protected records to a third party): <https://www.ssa.gov/forms/ssa-3288.pdf>

Electronic version: [https://www.ssa.gov/privacy/electronic\\_request\\_for\\_consent\\_to\\_disclose.html](https://www.ssa.gov/privacy/electronic_request_for_consent_to_disclose.html)

➤ **Working and maintaining benefits:** Working While Disabled: How We Can Help; <https://www.ssa.gov/pubs/EN-05-10095.pdf>

➤ **my Social Security Account:** <https://www.ssa.gov/myaccount/>

➤ **Check to see what benefits you may be eligible for:** <https://www.ssa.gov/potentialentitlement/>

➤ **FREE Interpreter Services:** <https://www.ssa.gov/multilanguage/langlist1.htm>

➤ **Blind or visually impaired:** <https://www.ssa.gov/people/blind/>

➤ **Deaf or hard of hearing:** <https://www.ssa.gov/people/deaf/>

➤ **SSA Glossary:** <https://www.ssa.gov/agency/glossary/>

➤ **What You Need To Know About Your Supplemental Security Income (SSI) When You Turn 18:** <https://www.ssa.gov/pubs/EN-05-11005.pdf>; <https://www.ssa.gov/pubs/audio/EN-05-11005.mp3>; <https://www.ssa.gov/pubs/ES-05-10915.pdf>

**Additional Resources:**

- **Disability Benefits 101:** <https://co.db101.org/>
- **The Mile High Independent Living Center (MHILC):** 303-800-4700
- **Ability Connection Colorado:** <https://www.abilityconnectioncolorado.org/>  
<http://www.abilityconnectioncolorado.org/programs/employment/social-security-work-incentive-planning/>
- **Benefit Planner:** Terry (Teressa) McGarry; 303-226-5537; [tmcgarry@AbilityConnectionColorado.org](mailto:tmcgarry@AbilityConnectionColorado.org)
- **Benefit Planner** (bilingual): Harold Lasso; 720-884-6454
- **Family Voices:** 303-733-3000

- **Community Economic Defense Project:** <https://cedproject.org/>; [https://share.hsforms.com/1nGVUQ-aJS2SFggnwtgrR\\_A8nqki](https://share.hsforms.com/1nGVUQ-aJS2SFggnwtgrR_A8nqki)
- **Jeanette M. Cordova**, Bright Futures LLC Colorado  
Business: (720) 660-7746  
Email: [bfadvocacyllc@gmail.com](mailto:bfadvocacyllc@gmail.com)  
Web: <https://www.brightfuturesadvocacyllc.com/aboutsobre.html>

## Appealing a Social Security Denial

If you receive an application denial from Social Security, you are encouraged to appeal/request for reconsideration. This must be done **within 60 days of receiving the denial.**

Review the appeal section of The Guide to Applying for Social Security Benefits found here- [Helpful Tools - Developmental Pathways](#) or <https://www.dpcolo.org/resources/tools/#medicaid>

## Frequently Asked Questions about Social Security Benefits

### 1. I moved, have a new job, new phone number, new bank account, closed bank account, etc. How should I report these changes to Social Security?

Individuals getting Social Security benefits must report changes as soon as possible. These changes can be reported in one of the following ways:

- Call your representative at your **local office or the main number for the local office** and report the change.
- Create a “My Social Security Account” on the Social Security Administration (SSA) website and make updates there. <https://www.ssa.gov/myaccount/>
- Stop by your local Social Security office and report a change in person.

\*If Social Security does not have your current address on file, this could cause your benefit to lapse.

### 2. What are acceptable ways to spend down a lump sum from Social Security?

Click here! <https://www.ssa.gov/payee/LessonPlan-2005-2.htm#LARGESUMS>

It is suggested that receipts and careful records be maintained to document exactly how the money was spent. Parents/Caretakers can use the money to reimburse themselves for things they paid for, as long as they keep receipts to show this. An example would be if a parent/ caretaker paid for therapies and are now taking some of the back payment to cover the money they had paid out. Receipts should be kept to document what the money was used for.

Backpay may also be eligible to be sheltered in an ABLÉ account or a Special Needs Trust.

### 3. I started collecting SSDI/Title II benefits. Will this affect my Medicaid?

No. Colorado is a “1634 State,” which protects SSI recipients from losing their Medicaid eligibility if they become eligible for Title II benefits. 1634(c) allows a person’s SSI payments to be reduced to \$0.00 so they maintain their Medicaid eligibility. In order to be eligible for 1634(c), an individual must have been 18 or older when the Title II benefit began, is entitled to SSI, has resources under \$2000, and first received a Title II payment on or after 7/1/1987.

### 4. I am not sure if I get SSI, SSDI, or both. How can I find out for sure?

- You can pull a report from the Social Security website, by creating a “My Social Security Account” on the Social Security Administration (SSA) website. <https://www.ssa.gov/myaccount/>
- You can call your local office to inquire.

- The individual and/or the representative payee can contact Social Security to request a **BPQY report**-- Benefits Planning Query. The BPQY statement contains detailed information about the status of a beneficiary's disability cash benefits, scheduled medical reviews, health insurance, and work history. In essence, the BPQY provides a snapshot of the beneficiary's benefits and work history as stored in SSA's electronic records.
  - There should NOT be a charge for the BPQY if it is explained that it is needed to participate in a Medicaid funded program.
  - Beneficiaries can request a BPQY by contacting their local office, or call 1-800-772-1213. The BPQY will be mailed directly to the beneficiary at the address shown on the current SSA record.
  - Signed consents are required only if the BPQY will be sent to someone other than the beneficiary, his/her Representative Payee, or Authorized Representative.

### 5. I get my Social Security via a check. How can I get it electronically deposited into an account?

If an individual applies for Social Security or Supplemental Security Income benefits, a new law went into effect March 1, 2013, requiring that payments be received electronically. If they did not sign up for electronic payments when they applied for benefits, SSA strongly urges them to do so now. If you are still receiving checks, the U.S. Department of the Treasury will contact you about complying with the requirement.

- For more information regarding switching to an electronic payment, visit Treasury's [Go Direct website](https://fiscal.treasury.gov/GoDirect/) (<https://fiscal.treasury.gov/GoDirect/>) or call the helpline at **1-800-333-1795**.
- The Treasury can grant exceptions in rare circumstances. For more information or to request a waiver, call Treasury at 855-290-1545. You may also print and fill out a waiver form and return it to the address on the form. [Waiver Form](https://www.ssa.gov/deposit/EFT%20Waiver%20Form.pdf) (<https://www.ssa.gov/deposit/EFT%20Waiver%20Form.pdf>)
- If the individual is already receiving benefits, they can create a **my** Social Security account and start or change Direct Deposit online. They also can sign up at their bank, credit union, or savings and loan. Or call Social Security at **1-800-772-1213** (TTY **1-800-325-0778**).
- <https://www.ssa.gov/deposit/>

### 6. How do child support payments affect an SSI recipient?

- Back pay to a child--counts as the child's income
- Back pay to the parent—counts as the parent's income
- Continuous payments—counts as the child's income

### 7. Supplemental Security Income (SSI) and Incarceration:

- There is a **pre-release prisoner program**. A caseworker in prison/jail should work directly with Social Security (SSA) on the application if the person has been incarcerated for more than a year.
- For individuals in a COUNTY JAIL, they can apply for Social Security benefits 30 days prior to their expected release date. Mark the application as "Pre-Release."
- For individuals in a DOC (Department of Corrections) facility, they can apply up to **90 days prior** to a person's date of release. Mark the application as "Pre-Release."
- Individuals who were receiving SSI prior to incarceration who were in jail for **less than a year**, do not need to re-apply.
  - They will need to go to their local SSA office upon discharge and provide the following documents to the SSA representative:
    - ✓ Copy of their jail/prison discharge paperwork
    - ✓ New Rep Payee paperwork, as applicable
    - ✓ Updated address/contact information

More information here: <https://www.ssa.gov/ssi/spotlights/spot-prerelease.htm>

**8. I received a letter from Social Security that says that I need to respond within 15 days. Is that calendar days or business days?**

This refers to calendar days.

**9. What is “in-kind support and maintenance” in the eyes of Social Security?**

- Adults (18 or older) receive SSI for food and shelter. When the adult child is living in someone's house (parent's) and is not paying rent, SSA assumes the adult receiving SSI has "in-kind support and maintenance" and the SSI amount is reduced by 1/3.
- Typically, SSA will ask the parent (1) what the mortgage payment is (or rent); (2) what the typical utility expenses are for a month; and the typical monthly food bill. This total amount is divided by the number of immediate family members living in the house. So, if four immediate family members live in the house, the SSI adult is responsible for 25% of the household expenses. If the SSI adult cannot meet this share with his/her SSI, then SSI says s/he has "in-kind support and maintenance" and the SSI is reduced by 1/3.

**10. I am turning 18 soon and currently get Survivor's benefits through Social Security. What are my next steps to make sure I do not lose this benefit?**

- If they are receiving child disability benefits (survivor's benefits), their benefits will end at 18, UNLESS, they will remain in school. The guardian should have the child's school complete **form 1372** from Social Security, and then submit it to their local SSA office. This will keep the child's disability benefits in place until they turn 19. Even though they are getting child disability benefits, they can still apply for SSI one month following their 18<sup>th</sup> birthday.
- **Link to form 1372:** <https://www.ssa.gov/forms/ssa-1372.pdf>

**11. Should an adult living with parents pay rent/mortgage (room and board)? If so, how much should they pay?**

- Deciding to collect rent/mortgage from an adult with disabilities is a personal family decision. Parents should discuss with their accountant to see if the money collected will need to be declared as income on their tax return.
- Room and board payments may affect how much SSI a person gets, but will not affect their SSDI payment.
- To determine the appropriate rent/mortgage amount, Social Security suggests the following: Monthly expenses (mortgage/rent + electricity, water/sewage, and food) divided by the number of adults living in the household= how much each adult pays
- Here is a form people can complete and submit to SSA to inform them about the room and board payments a person is making. <https://www.ssa.gov/forms/ssa-788.pdf>
- More information: <https://www.ssa.gov/ssi/text-living-ussi.htm>

**12. I want to apply for Social Security, but I'm not sure how/where to start.**

**Start here:** <https://www.dpcolo.org/resources/tools/#medicaid> and scroll to the Applying for Social Security Guide.

**Tell Social Security that you are part of a VULNERABLE POPULATION.**

**13. Will my child qualify for SSI?**

This page has information about SSI and children, including an income chart. <https://www.ssa.gov/ssi/text-child-ussi.htm>

**Videos from The Social Security Administration:** (more video links can be found in the application guide)

**All videos--** <https://www.youtube.com/@SocialSecurity>

- Supplemental Security Income (SSI): Eligibility Requirements & Application Process

<https://www.youtube.com/watch?v=jDAdVOLOmUo>

- SSI: Requesting an Appointment Online

<https://www.youtube.com/watch?v=RZPAH4ovzIA>
**Other videos:**

- [Video 1: “Helping Others Apply for Social Security Disability Insurance Benefits”](#) - A guide through the important points of filing a disability application on someone’s behalf including the forms that you need to submit and best practices to follow.
- [Video 2: “The Application Package”](#) - The application package for filing a disability application online on someone’s behalf.
- [Video 3: “Additional Information & Forms”](#) - Additional information and forms for filing a disability application online on someone’s behalf.
- [Video 4: “Tips & Best Practices”](#) - Tips and best practices for filing a disability application online on someone’s behalf.
- Video 5: [How To: Get a Social Security Benefit Verification Letter](#)

 Visit SSA’s [Information for People Helping Others](#) webpage to learn more.

**Colorado DB 101:** [https://co.db101.org/co/programs/income\\_support/ssi2/program.htm](https://co.db101.org/co/programs/income_support/ssi2/program.htm)
**Webinar series by Easterseals Colorado.** <https://www.easterseals.com/co/our-programs/work/disability-benefits-services/>.

- **TIP!** If you apply online, check that you wish to apply for SSI in addition to SSDI when prompted.

The guide has other tips and tricks!

- When to apply for Social Security benefits:

<b>Prior to age 18:</b>	Families can apply at any time, if they feel that the family will qualify financially.
<b>18 and already getting SSI (through the family):</b>	<ul style="list-style-type: none"> <li>➤ Families should receive a letter for an appointment for the Redetermination and a packet for the Medical Review. The packet includes a form to list medical sources, medications, and other information. It also will include a medical release form that must be signed by the beneficiary and not the parent, even if the applicant is still 17.</li> <li>➤ This should come by the individual’s 19<sup>th</sup> birthday.</li> </ul>
<b>For an individual turning 18:</b>	<p>Apply* the first FULL month following their 18<sup>th</sup> birthday. Social Security does not consider someone 18 until they have been 18 for a full month.</p> <ul style="list-style-type: none"> <li>➤ Example: DOB is April 20<sup>th</sup>– apply mid May</li> <li>➤ Example: DOB is April 3<sup>rd</sup>– apply at the beginning of May</li> </ul> <p>*Individuals who at some point received SSI while they were under the age of 18, will not be able to apply online. The application will need to be completed in person or over the phone with a representative from Social Security.</p>

<b>18 years old and receiving survivor's benefits (a type of SSDI):</b>	Provide proof that the person is still in school to continue to receive the benefit until the age of 19. Have the school complete SSA form 1372 and submit this to your local SSA office: <a href="https://www.ssa.gov/forms/ssa-1372.pdf">https://www.ssa.gov/forms/ssa-1372.pdf</a> <ul style="list-style-type: none"> <li>➤ Apply for SSI at age 18.</li> <li>➤ At age 19– apply for Adult Disability Benefits.</li> </ul>
<b>For an individual turning 18 who is adopted and receiving an adoption subsidy:</b>	<ul style="list-style-type: none"> <li>➤ The adoption subsidy is considered non-work income for the individual who was adopted.</li> <li>➤ Depending on the amount of the subsidy, the individual may need to wait until their adoption subsidy ends (usually at age 21) and then apply for Social Security benefits.</li> </ul>

### 13. I recently applied for Social Security benefits, but I was denied. What are my next steps?

Was the denial for SSI or SSDI? If it was for SSDI, that is common when young people apply for benefits, as the person may not have worked enough quarters to collect SSDI off their own work history, or they don't have a parent who has retired, is disabled, or deceased. See DP's Guide to Applying for Social Security and scroll to the denial/appeal section for helpful information. You can find the guide here: <https://www.dpcolo.org/resources/tools/>

Check out this video from Social Security-- How To: File an Appeal if You Disagree with a Decision  
<https://www.youtube.com/watch?v=BFFcezaQj2g>

It is a myth that people are automatically denied for SSI the first time they apply. If you receive a denial, we suggest you appeal.

### 14. What does Social Security consider as resources/assets for SSI?

Check out this webpage! <https://www.ssa.gov/ssi/text-resources-ussi.htm>

### 15. What does Social Security consider as income for SSI?

Check out this webpage! <https://www.ssa.gov/ssi/text-income-ussi.htm>

### 16. How do I report my income to Social Security?

See this site for more information-- <https://www.ssa.gov/disability/reporting/wages>

### 17. I received an overpayment letter from Social Security. What are my next steps?

Request a copy of the monthly wages the Social Security Administration used to determine the amount of the overpayment and think about appealing the decision. More information here-- <https://www.ssa.gov/manage-benefits/repay-overpaid-benefits>

Check out this video from Social Security— What can I do if I'm notified that I have an overpayment?  
<https://www.youtube.com/watch?v=pxYYcjQkFvM>

Attempt to identify income exclusions that were not previously claimed, to reduce the amount of the overpayment, or (possibly) eliminate the overpayment. The two most common income exclusions are: 1) Subsidies /Special Work Conditions; and 2) [Impairment-related Work Expenses \(IRWE\)](#).

If any of the following are true, you can immediately file a [request to waive the overpayment](#) because: (1) the individual routinely reported his/her monthly wage and the SSA failed to take appropriate actions in a timely manner; and (2) the overpayment will cause undo financial hardship.

Additional Information: [Avoid Overpayments with Prompt Wage Reporting - Ticket to Work - Social Security \(ssa.gov\)](#)

#### 18. Can I continue to work and collect Social Security benefits?

- **YES!!** You or a representative payee must **report your earned income monthly** to Social Security. Social Security uses a formula to figure out how much your SSI payments will be reduced by based on your monthly earned income. However, SSDI is an ALL or NOTHING program—you either qualify financially to get SSDI payments or they discontinue payments entirely.
- For individuals who are working, it is important to create a balance between their SSDI payment and their gross monthly work income, to be sure that they do not go over the monthly income limit (to remain eligible for LTC Medicaid and to continue getting waiver services).
- **Need help with this?** Reach out to a Benefits Planner, as listed under additional resources in the SSA section.
- Another great resource! **Disability Benefits 101**-- <https://co.db101.org/>

#### 19. I work and receive SSI and need help to figure out how much I can work and still maintain my benefit. Is there anyone I can speak with about this?

- You can contact a Benefits Planner with Ability Connection Colorado. They are part of the Social Security Work Incentive Planning and Assistance Program (WIPA) with Ability Connection Colorado. See the [Social Security Contacts](#) section for contact information.
- **Check out Disability Benefits 101!** This is a new site for Colorado. <https://co.db101.org/>. You can also be connected with a Benefits Planner through the Colorado DB101 website.

#### 20. I received a lump sum payment from Social Security. Will this affect my LTC Medicaid eligibility?

- For SSI- you have nine months to spend down and/or shelter the money.
- For SSDI and Survivor's benefits, you have twelve months to spend down and/or shelter the money.

The money counts as income for the month it was received.

Contact Medicaid directly with questions.

#### 21. Does Social Security have Renewals/Reviews?

Yes. Individuals receiving disability benefits must continue to meet the disability requirements of the law. To ensure this, SSA conducts **continuing disability reviews (CDRs)**. Under the law, all disability beneficiaries must be reviewed at least once every three years, unless they are permanently disabled. Permanently disabled beneficiaries must be reviewed on a schedule determined to be appropriate by the Secretary. The frequency of scheduled review is determined by the likelihood of medical improvement of the impairment(s).

- Medical Improvement Not Expected (MINE) cases involve permanent impairments and are reviewed at least every seven years.
- Medical Improvement Expected (MIE) cases and Medical Improvement Possible (MIP) cases involve nonpermanent impairments and are reviewed after a shorter period. (usually 3 years)

The member is given a diary date which is when a new CDR will be needed.

## Working/Employment and Social Security Subsidies and Special Conditions

Check out the Colorado Disability Benefits 101 website!! <https://co.db101.org/>  
SGA: Substantial Gainful Activity

Social Security (SSA) will only use earnings that represent the real value of the work an individual performs to decide if the work is at the SGA level. A "subsidy" is the extra amount of wages an employer pays an impaired individual for services over the reasonable value of the actual services performed. SSA deducts the value of subsidies from earnings when they make an SGA decision.

Read more about subsidies:

<https://www.ssa.gov/disabilityresearch/wi/subsidies.htm>  
<https://secure.ssa.gov/poms.nsf/lnx/0410505010>

### Important Form:

<https://www.ssa.gov/forms/ssa-821.pdf>

**Please contact Social Security or a Benefits Planner to discuss what work subsidies you may qualify for.**  
<http://www.abilityconnectioncolorado.org/programs/employment/social-security-work-incentive-planning/>

## Ticket to Work Program

A free and voluntary program available to people ages 18 through 64 who are blind or have a disability and who receive Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits.

Ticket to Work Help Line (866) 968-7842 (Voice) or (866) 833-2967 (TTY).

Website: [www.ssa.gov/work](http://www.ssa.gov/work)

### Some benefits of this program:

- The individual receiving SSA benefits will be exempt from the DDS (Disability Determination Services) medical review that occurs every 3/5/7 years. It is believed that after the initial DDS decision, they will remain disabled and won't need to be screened again.
- Job coaching; employment services; employment network...funded by SSA.
- Subsidies that allow the SSA to count work income differently. Employers complete form 725 (not available online) to explain the help that the individual needs on the job and any work-related expenses.

<http://www.abilityconnectioncolorado.org/programs/employment/social-security-work-incentive-planning/>

**\*Please either call Social Security or a Benefits Planner to get more information about the Ticket to Work program.**

## Medicare

- Individuals who have been getting SSDI for two years will automatically be signed up for Medicare.
- This should not affect the person's Medicaid benefits.
- Who to Contact: Social Security or Medicare?

Article: [https://blog.ssa.gov/who-to-contact-social-security-or-medicare/?utm\\_campaign=&utm\\_content=&utm\\_medium=email&utm\\_source=govdelivery](https://blog.ssa.gov/who-to-contact-social-security-or-medicare/?utm_campaign=&utm_content=&utm_medium=email&utm_source=govdelivery)

- Questions about Medicare can be directed to:

**State Health Insurance Assistance Program (SHIP)** serving Arapahoe, Douglas and Jefferson counties and Senior Medicare Patrol, a healthcare fraud reporting program.

SHIP provides Medicare beneficiaries with objective information, counseling, and enrollment assistance. SHIP counselors can speak to individuals and groups about Medicare benefits, coverage rules, written notices, forms, appeal rights, procedures, and more. They also provide free and unbiased in-depth, one-on-one insurance counseling and assistance to Medicare beneficiaries, their families, friends, and caregivers. Counselors assist people in obtaining coverage through options that include the original Medicare program, Medicare Advantage (Part C) plans, and Medicare Prescription Drug (Part D) plans. They can help people understand Medicare Supplemental (Medigap) insurance policies and explain how these and other insurance options work with Medicare.

**Website:** <https://drcog.org/programs/area-agency-aging/state-health-insurance-assistance-program-and-senior-medicare-patrol>

**Phone:** 303-480-6835

If living outside of those counties, you can contact the **state SHIP line**- 888-696-7213

<https://www.shiphelp.org/about-medicare/regional-ship-location/colorado>

#### **Other Medicare resources:**

- Colorado DB101- [https://co.db101.org/co/programs/health\\_coverage/how\\_health/program2c.htm](https://co.db101.org/co/programs/health_coverage/how_health/program2c.htm)
- Colorado Department of Regulatory Agencies- <https://doi.colorado.gov/insurance-products/health-insurance/senior-health-care-medicare>

### **Frequently Asked Questions about dual coverage with both Medicaid and Medicare**

- **I need help paying for my Medicare premium, deductible, and co-insurance. What kind of assistance programs exist for this?**

All individuals who have Medicaid should have their Medicare Part B premium covered by the State (Medicaid). If that is not happening, and deductions are coming out of your Social Security check, then you may want to reach out to your local Department of Human Services/Medicaid office to see if they can fix this.

- The coverage is supposed to automatically take place, but sometimes the Medicaid and Medicare systems don't talk to each other very well, causing glitches.
- Also, people can apply for the Medicare Savings Program through your local Department of Human Services (Medicaid office). For more information about the Medicare Savings Program, please go to: <https://www.colorado.gov/hcpf/member-faqs#medicare1>

- **I have both Medicare and Health First Colorado Medicaid. Why is Health First Colorado not paying for my prescriptions?**

Once a Health First Colorado Medicaid member is entitled to receive Medicare, Medicare Part D will cover most of your prescriptions. Health First Colorado will only pay for a few medications that are excluded by your Part D plan. If you need assistance to find and enroll on a Part D plan, please call 1-888-696-7213 or 303-894-2946.

Here are some links that may be of interest:

- <https://www.ssa.gov/medicare/prescriptionhelp/>

- <https://www.medicareinteractive.org/get-answers/programs-for-people-with-limited-income/medicaid-and-medicare/if-i-have-medicare-and-full-medicaid-how-will-my-drug-coverage-work>
  
- **I am getting both Medicaid and Medicare and need help paying for Part D prescription coverage. What are my options?**
  - Call Medicare to discuss prescription coverage options.
  - Call your local Department of Human Services (Medicaid) to ask if they can apply for the Medicare Savings Program (MSP).
  - Check out this link, which may contain some valuable information:  
<https://www.medicareinteractive.org/get-answers/programs-for-people-with-limited-income/medicaid-and-medicare/if-i-have-medicare-and-full-medicaid-how-will-my-drug-coverage-work>
  - Another link which might have beneficial information: <https://www.ssa.gov/medicare/prescriptionhelp/>

### PART 3: OTHER

#### Tax Resources for Individuals with Disabilities

- **Free tax help offered through the IRS** for those who qualify: <http://irs.treasury.gov/freetaxprep/>
- **Tax help for people with disabilities:** <https://www.irs.gov/Individuals/More-Information-for-People-with-Disabilities>
- **Colorado Department of Revenue Community tax help:** <https://tax.colorado.gov/community-tax-help>
  
- **Tax information from The Social Security Administration for individuals who receive SSI and/or SSDI benefits.**
  - The Social Security Administration mails out the Social Security Benefit Statement each January to people who receive Social Security Benefits. This tax form/letter is also known as SSA-1099 or SSA-1042S.
  - The form/letter shows the total amount of benefits you received from Social Security in the previous year, so you know how much Social Security income to report to the Internal Revenue Service (IRS) on your tax return.
  - If you misplace your Benefit Statement, or don't receive it, you can instantly get a replacement form with a personal [my Social Security](#) account. Replacement tax forms for the previous tax year are typically available starting February 1 of each year.
  - To further assist, the [IRS Help](#) webpage offers a wide range of resources that can simplify the tax preparation process. Individuals with a Social Security number or Individual Taxpayer Identification Number (ITIN) can create or securely access their Individual Online Account to get the latest information about their federal tax account and take actions to support their tax filing experience and protect their tax-related information.
    - They can also use the [Interactive Tax Assistant Tool](#) to get answers to common tax questions and determine if their Social Security benefits are taxable.
    - Additionally, the IRS offers free online and in-person tax preparation options for eligible taxpayers through [IRS Free File](#), [IRS Direct File](#), [Volunteer Income Tax Assistance \(VITA\)](#) and [Tax Counseling for the Elderly \(TCE\)](#) programs. To locate a VITA or TCE site, your clients can use the [VITA Locator Tool](#) or call 800-906-9887.
  
- Visit Social Security's [Information for Tax Preparers](#) webpage to learn more.

